

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90022 024 ****50.00

DOCUMENT # L05000008086

1. Entity Name

BAY AREA COUNSELING, LLC



Principal Place of Business

**414A JEFFORDS ST
CLEARWATER FL 33756**

Mailing Address

**2840 WEST BAY DRIVE, #335
BELLEAIR BLUFFS FL 33770**



2. Principal Place of Business

3. Mailing Address

3936 HARBOR HILLS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO FL

Zip

Country

Zip

Country

33770

USA

4. FEI Number

75-3180697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITTER, LORRI S
3936 HARBOR HILLS DR
LARGO FL 33770**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**MGRM
LORRI S. RITTER
3936 HARBOR HILLS DR.
LARGO FL 33770**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Lorri S. Ritter*

2-5-06

727-584-6065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #