

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-12-2007 90307 044 ****50.00

30002223

1st MOORE CR2E083 (10/06)

DOCUMENT # L05000052546 1. Entity Name PSYCHBIZZ CONSULTANTS, L.L.C.					
Principal Place of Business 1001 BRICKELL BAY DRIVE, SUITE 2318 MIAMI FL 33131			Mailing Address 1001 BRICKELL BAY DRIVE, SUITE 2318 MIAMI FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number: 20-2932157 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LEVY, ELI 1001 BRICKELL BAY DRIVE, SUITE 2318 MIAMI FL 33131	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when substituting) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY, ELI 1001 BRICKELL BAY DRIVE, SUITE 2318 MIAMI FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

03/09/07