

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000076941

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Entity Name:** NEW DAY COMMUNITY MENTAL HEALTH CENTER, L.L.C.

**Current Principal Place of Business:**

1101 S.W. 1ST ST.  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

1101 S.W. 1ST ST.  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 20-3258984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABRERA, EDUARDO  
44 SW 11 AVENUE  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

CABRERA, EDUARDO  
1101 SW 1 ST  
MIAMI, FL 33130 US

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.

SIGNATURE: EDUARDO CABRERA

01/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: CABRERA, EDWARDS  
Address: 14630 SW 49 ST  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: CABRERA, EDWARDS  
Address: 1101 SW 1 ST  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDUARDO CABRERA

P

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date