

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083016

FILED
Feb 10, 2007
Secretary of State

Entity Name: LIFE CHANGES HOLISTIC PSYCHOTHERAPY, LLC

Current Principal Place of Business:

590 6TH STREET SOUTH
SAFETY HARBOR, FL 34695

New Principal Place of Business:

126 3RD AVENUE NORTH
SUITE 205
SAFETY HARBOR, FL 34695

Current Mailing Address:

P. O. BOX 63
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 20-3342400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRISSENDEN, BARBARA A
590 6TH STREET SOUTH
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRISSENDEN, BARBARA A
Address: 590 6TH STREET SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA BRISSENDEN

M

02/10/2007

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