

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083016

FILED
Mar 13, 2009
Secretary of State

Entity Name: LIFE CHANGES HOLISTIC PSYCHOTHERAPY, LLC

Current Principal Place of Business:

802 2ND ST N B2
SAFETY HARBOR, FL 34695

New Principal Place of Business:

590 6TH STREET SOUTH
B
SAFETY HARBOR, FL 34695

Current Mailing Address:

802 2ND ST N B2
SAFETY HARBOR, FL 34695

New Mailing Address:

P.O. BOX 63
SAFETY HARBOR, FL 34695

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:

BRISSENDEN, BARBARA A
590 6TH STREET SOUTH
B
SAFETY HARBOR, FL 34695 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: BARBARA ANN BRISSENDEN

03/13/2009

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 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 ANN BRISSENDEN

MS.

03/13/2009

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