

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000083016

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** LIFE CHANGES HOLISTIC PSYCHOTHERAPY, LLC

**Current Principal Place of Business:**

590 6TH STREET SOUTH  
B  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**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  
B  
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  
Name: BRISSENDEN, BARBARA A  
Address: 590 6TH STREET SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby 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

MRG

02/19/2011

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