

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096629

FILED
Apr 14, 2011
Secretary of State

Entity Name: COUNSELING & CONSULTING WITH CARE, LLC

Current Principal Place of Business:

4814 NW 44TH AVE, APT 101
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4814 NW 44TH AVE, APT 101
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 20-1203150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, NORMA J PSY.D.
4814 NW 44TH AVE, APT 101
GAINESVILLE, FL 32606 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: CHARLES, NORMA J PSY.D.
Address: 4814 NW 44TH AVE, APT 101
City-St-Zip: GAINESVILLE, FL 32606

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: NORMA J CHARLES

MGR

04/14/2011

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