

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000111226

**FILED**  
**Nov 13, 2007**  
**Secretary of State**

**Entity Name:** BROWN FAMILY COUNSELING SERVICES LLC

**Current Principal Place of Business:**

900 W. MAGNOLIA ST  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

900 W. MAGNOLIA ST  
KISSIMMEE, FL 34741

**New Mailing Address:**

2540 PARTRIDGE DR  
WINTER HAAVEN, FL 33884

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BROWN, CARLA M  
900 W MAGNOLIA ST  
KISSIMMEE, FL 34741 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: CARLA M BROWN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BROWN, CARLA M  
Address: 900 W. MAGNOLIA ST  
City-St-Zip: KISSIMMEE, FL 34741

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: CARLA M BROWN

OWNE

11/13/2007

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