2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # L05000121294** 04-13-2006 90037 035 ****50.00 1. Entity Name MOORE-CONTI COUNSELING AND EVALUATION SERVICES, LLC Principal Place of Business Mailing Address 237 LOOKOUT PLACE STE. 150 MAITLAND FL 32751 237 LOOKOUT PLACE STE. 150 MAITLAND FL 32751 2. Principal Place of Business Laborism ST. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For City & State DELAND O Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Ages 7. Name and Address of New Registered Agent MISTINA MODELS - CONT. CONTI, LOUIS T.M. dress (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE., STE 2600 ORLANDO FL 32801 DRIMNOO 8. 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. I am farm the obligations of registered agent. langua Memb SIGNATURE ____ FILE NOW!!! FEE IS \$50.00 Make Check Rayable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. 9. CHRISTINA NOORE LONG & Delete ппе TITLE Addition 1635 E. Robinson STAR NAME STREET ADDRESS STREET ADDRESS OLLANDO EL CITY ST ZP CITY-S1-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP 11213 Octobe TETLE Change Addition MALE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-SI-AF HILE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition BRE Oelete HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE HAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-57-7#P 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. MANASIN9 SIGNATURE: ____

FILED

May 01, 2006 8:00 am



April 17, 2006

MOORE-CONTI COUNSELING AND EVALUATION SERVICES, LLC 1635 E ROBINSON ST ORLANDO, FL 32803

Subject: MOORE-CONTI COUNSELING AND EVALUATION SERVICES, LLC

Reference Number:

L05000121294

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

ANNUAL REPORTS SECTION

Please note that this has been added.
Thankyon.
Chronia Mosterlant