

L06000002811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

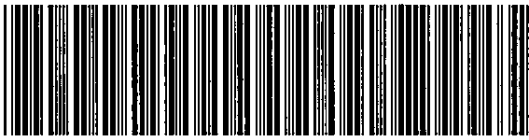
(Business Entity Name)

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J. BRYAN DEC 27 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIND WORKS PSYCHOTHERAPY, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA A. Schaufler
(Name of Person)

MIND WORKS PSYCHOTHERAPY, LLC
(Firm/Company)

221 N. HWY 27 SUITE "F"
(Address)

Clermont, FL 34711
(City/State and Zip Code)

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For further information concerning this matter, please call:

LISA A. Schaufler at (352) 243-5901
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

