

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000021570

Entity Name: PSYCH 2 U P.L.L.C.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7945 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

7945 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

FEI Number: 55-0915629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHOENFELT, TERRY J  
7945 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33707 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: SHOENFELT, REBA E  
Address: 7945 FIRST AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: MGRM  
Name: SHOENFELT, REBA E  
Address: 7945 FIRST AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

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: REBA E SHOENFELT

MGR

04/30/2012

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