

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024169

FILED
Feb 15, 2009
Secretary of State

Entity Name: LIFE SKILLS CASE MANAGEMENT LLC

Current Principal Place of Business:

205 NE 5TH TERRACE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

205 NE 5TH TERRACE
DELRAY BEACH, FL 33444

New Mailing Address:

PO BOX 244621
BOYNTON BEACH, FL 33424

FEI Number: 20-4470826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MICHAEL J MCGOEY CPA INC
639 EAST OCEAN AVE
SUITE 101
BOYNTON BEACH, FL 33435 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: MGRM () Delete
Name: FITZGERALD, THOMAS
Address: 8279 BERMUDA SOUND WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM () Delete
Name: HIRSEMANN, CLAUDIA
Address: 4159 OAK TERRACE DR.
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS J. FITZGERALD

MGRM

02/15/2009

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