


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90176 047 ****50.00

DOCUMENT # L06000029487 1. Entity Name JOAN S. LIBERMAN, LCSW, L.L.C.					
Principal Place of Business 4419 SADDLEWORTH CIRCLE ORLANDO, FL 32826			Mailing Address 4419 SADDLEWORTH CIRCLE ORLANDO, FL 32826		
2. Principal Place of Business - No P.O. Box # 3400 Quadrangle Blvd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Orlando FL		City & State		4. FEI Number 04-3850655	
Zip 32817		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LIBERMAN, JOAN S 4419 SADDLEWORTH CIRCLE ORLANDO, FL 32826				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIBERMAN, JOAN S 4419 SADDLEWORTH CIRCLE ORLANDO, FL 32826 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: <i>Joan S. Liberman, LCSW, LLC</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3-26-07 407-810-5423 <small>Date Daytime Phone #</small>		

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