


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90154 048 \*\*\*\*50.00

<b>DOCUMENT # L06000040182</b> 1. Entity Name <b>FLORIDA COUNSELING &amp; WELLNESS, LLC</b>					
Principal Place of Business <b>10 FAIRWAY DRIVE #122 DEERFIELD BEACH, FL 33441 US</b>			Mailing Address <b>10 FAIRWAY DRIVE #122 DEERFIELD BEACH, FL 33441 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04082007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-4717208</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAPOTE, LANI 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Denise Ornstein</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 FAIRWAY DRIVE #122</b> City <b>Deerfield Beach FL</b> Zip Code <b>33441</b>		
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 <u><i>Denise Ornstein</i></u> (NOTE: Registered Agent signature required when reconstituting) DATE <u>4/7/07</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ORNSTEIN, DENISE 10 FAIRWAY DRIVE, #122 DEERFIELD BEACH, FL 33441</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PLATZ, JENNIFER 10 FAIRWAY DRIVE, #122 DEERFIELD BEACH, FL 33441</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Denise Ornstein</i></u> <b>Denise Ornstein</b> DATE <u>4/7/07</u> (954) 725-9263					