

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069146

FILED
Apr 06, 2009
Secretary of State

Entity Name: ATTAIN YOUR DREAMS COACHING AND COUNSELING SERVICES, P.L.

Current Principal Place of Business:

% CENTER FOR INDIV & GROUP COUNSELING
7301 W. PALMETTO PARK RD.
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

% CENTER FOR INDIV & GROUP COUNSELING
7301 W. PALMETTO PARK RD.
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 20-5369434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGLIACANI-SHERN, SANDRA
7301 W. PALMETTO PARK RD.
SUITE 205 A
BOCA RATON, FL 33433 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: MAGLIACANI-SHERN, SANDRA
Address: 7301 W. PALMETTO PARK RD., SUITE 205 A
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

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: SANDRA MAGLIACANI-SHERN

MGRM

04/06/2009

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