

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069146

FILED
May 03, 2010
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:

5301 N. FEDERAL HIGHWAY
THE COURTYARDS, SUITE 370 C/O ALI BATTERSB
BOCA RATON, FL 33487

Current Mailing Address:

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

New Mailing Address:

5301 N. FEDERAL HIGHWAY
THE COURTYARDS, SUITE 370 C/O ALI BATTERSB
BOCA RATON, FL 33487

FEI Number: 20-5369434 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAGLIACANI-SHERN, SANDRA
7301 W. PALMETTO PARK RD.
SUITE 205 A
BOCA RATON, FL 33433 US

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

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: SANDRA MAGLIACANI SHERN

MGRM

05/03/2010

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