

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071662

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: WENDI CASSAND, LCSW, CAP, LLC

## Current Principal Place of Business:

4821 NE 5TH TERRACE  
FORT LAUDERDALE, FL 33334

## New Principal Place of Business:

4821 NE 5TH TERRACE  
SUITE A  
FORT LAUDERDALE, FL 33334

## Current Mailing Address:

4821 NE 5TH TERRACE  
FORT LAUDERDALE, FL 33334

## New Mailing Address:

4821 NE 5TH TERRACE  
SUITE A  
FORT LAUDERDALE, FL 33334

FEI Number: 37-1525361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASSAND, WENDI LCSW CA  
4821 NE 5TH TERRACE  
FORT LAUDERDALE, FL 33334 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: CASSAND, WENDI LCSW CA  
Address: 4821 NE 5TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33334

## 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: WENDI CASSAND LCSW, CAP LLC

MGRM

01/16/2009

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