

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071662

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** WENDI CASSAND, LCSW, CAP, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 37-1525361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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: WENDI CASSAND, LCSW, CAP, LLC

MGR

01/05/2010

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