

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000077317

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** MATTHEWS CORRECTIONAL CONSULTANTS, LLC

**Current Principal Place of Business:**

7935 WHITEBRIDGE GLEN  
UNIVERSITY PARK, FL 34201 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 55  
FAYETTEVILLE, GA 30214 US

**New Mailing Address:**

**FEI Number:** 20-5407730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LIKENS, CHRISTOPHER A  
1800 SECOND STREET  
SUITE 971  
SARASOTA, FL 34236 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: MATTHEWS, ROBERT  
Address: 7935 WHITEBRIDGE GLEN  
City-St-Zip: UNIVERSITY PARK, FL 34201 US

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: ROBERT L. MATTHEWS

PRES

01/19/2010

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