

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081011

FILED  
Mar 07, 2007  
Secretary of State

**Entity Name:** KRISTEN A. HUDACEK, PSY.D., PLC

**Current Principal Place of Business:**

5701 MARINER STREET  
#402  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

5701 MARINER STREET  
#402  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 20-5382983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUDACEK, KRISTEN A  
5701 MARINER STREET  
#402  
TAMPA, FL 33609 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: HUDACEK, KRISTEN A  
Address: 5701 MARINER STREET, #402  
City-St-Zip: TAMPA, FL 33609 US

**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 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: KRISTEN A. HUDACEK

MGRM

03/07/2007

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