

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000098075

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Entity Name:** DIMENSIONS OF COACHING & CONSULTING, L.L.C.

**Current Principal Place of Business:**

5472 N.W. THYER CIRCLE  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 12381  
FT. PIERCE, FL 34979

**New Mailing Address:**

**FEI Number:** 20-5801154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LA CIVITA, LORI K DR.  
5472 N.W. THYER CIRCLE  
PORT ST. LUCIE, FL 34983 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: LA CIVITA, LORI K DR.  
Address: 5472 N.W. THYER CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34983

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: LORI K. LA CIVITA

MGRM

01/22/2010

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