

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L06000104338**

1. Entity Name

**CELEBRATION COUNSELING CENTER LLC**



Principal Place of Business

**800 CELEBRATION AVENUE, STE. 303  
CELEBRATION, FL 34747**

Mailing Address

**800 CELEBRATION AVENUE, STE. 303  
CELEBRATION, FL 34747**



01082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**56-2625598**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCKENTLY, ALEXANDRA H  
800 CELEBRATION AVENUE, STE. 303  
CELEBRATION, FL 34747**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCKENTLY, ALEXANDRA M  
800 CELEBRATION AVENUE, STE. 303  
CELEBRATION, FL 34747**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U000000779115  
01/11/08-80025-016 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Alexandra H. McKently** *Alexandra H. McKently* **1-8-08 407-566-1675**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #