

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113832

FILED
Jan 16, 2009
Secretary of State

Entity Name: NEW HORIZONS COUNSELING SERVICES LLC

Current Principal Place of Business:

7800 SW 57TH AVE
SUITE 101
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7800 SW 57TH AVE
SUITE 101
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 20-8008050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ-AGULAR, HENRY A
9415 SUNSET DRIVE, SUITE 119
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

LOPEZ-AGULAR, HENRY A
9415 SUNSET DR.
111A
MIAMI, FL 33173 US

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:

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALVAREZ, MAYALY
Address: 13617 S.W. 118 PATH
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: DE LA PORTILLA, MANUEL
Address: 1820 JAMES AVENUE, APT. 6E
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALVAREZ, MAYALY
Address: 7800 SW 57TH AVE
City-St-Zip: MIAMI, FL 33143

Title: MGR (X) Change () Addition
Name: DE LA PORTILLA, MANUEL
Address: 1820 JAMES AVENUE, APT. 6E
City-St-Zip: MIAMI BEACH, FL 33133

I hereby certify that the information supplied with this filing does not qualify 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: MAYALY ALVAREZ

MGR

01/16/2009

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