

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025616

FILED
May 01, 2008
Secretary of State

Entity Name: PATHWAYS OF FLORIDA, LLC

Current Principal Place of Business:

5202 RIPPLE CREEK DRIVE
TAMPA, FL 33625

New Principal Place of Business:

5287 EHRLICH ROAD
TAMPA, FL 33625

Current Mailing Address:

P.O BOX 340067
TAMPA, FL 33694

New Mailing Address:

FEI Number: 41-2230556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CROWE, KELLY A LMHC
5202 RIPPLE CREEK DRIVE
TAMPA, FL 33625 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CROWE, KELLY A LMHC
Address: 5202 RIPPLE CREEK DRIVE
City-St-Zip: TAMPA, FL 33625

Title: MGMR () Delete
Name: CROWE, FORREST H
Address: 5202 RIPPLE CREEK
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KELLY A. CROWE

LMHC

05/01/2008

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