

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043983

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

**Entity Name:** NEW LIFE COMMUNITY MENTAL CENTER, LLC

**Current Principal Place of Business:**

1690 NW 19TH TERRACE  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1690 NW 19TH TERRACE  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:** 26-2358156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASDAY, MARLENA  
441 COLLINS AVENUE, #5  
MIAMI BEACH, FL 33139 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:** MGR  
**Name:** HASDAY, MARLENA  
**Address:** 441 COLLINS AVENUE, #J  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** MGRM  
**Name:** PUIG, NOEL  
**Address:** 1690 NW 19TH TERRACE  
**City-St-Zip:** MIAMI, FL 33125

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:** MARLENA HASDAY

MGR

04/22/2010

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