

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000046659

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** EXPRESSIVE COUNSELING, LLC

**Current Principal Place of Business:**

2170 WEST STATE RD 434  
SUITE #214  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

7450 DR. PHILLIPS BLVD  
SUITE #312  
ORLANDO, FL 32819 US

**Current Mailing Address:**

8749 THE ESPLANADE, #18  
ORLANDO, FL 32836 US

**New Mailing Address:**

**FEI Number:** 20-8954283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUPFERMAN, ELIZABETH  
8749 THE ESPLANADE  
UNIT #18  
ORLANDO, FL 32836 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:** KUPFERMAN, ELIZABETH  
**Address:** 8749 THE ESPLANADE, UNIT #18  
**City-St-Zip:** ORLANDO, FL 32836 US

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:** ELIZABETH KUPFERMAN

MGR

01/05/2010

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