

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000046659

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** EXPRESSIVE COUNSELING, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

8749 THE ESPLANADE, #18  
ORLANDO, FL 32836 US

**New Mailing Address:**

105 LATROBE COURT  
SOUTHLAKE, TX 76092 US

**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:**

KUPFERMAN, ELIZABETH  
7642 SPRING BAY COVE  
ORLANDO, FL 32819 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:**

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** KUPFERMAN, ELIZABETH  
**Address:** 105 LATROBE COURT  
**City-St-Zip:** SOUTHLAKE, TX 76092 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

04/29/2011

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