

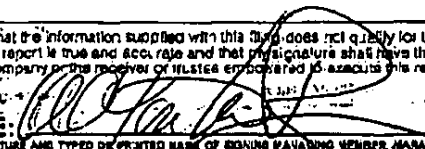
Apr 29 2008 2:45PM HP LASERJET FAX

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/2/

FILED
Jun 06, 2008 8:00 am
Secretary of State

05-02-2008 90020 016 ***138.75

DOCUMENT # L07000050679			
1. Entity Name ANABEL CLOUTIER-PEREZ LCSW LLC			
Principal Place of Business		Mailing Address	
9745 SW 72ND ST SUITE 213 MIAMI, FL 33173		9317 SW 138TH PL SUITE 100 MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # A		3. Mailing Address Suite Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FE Number 26-0154981		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLOUTIER-PEREZ, ANABEL 6317 SW 138TH PL MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
By 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when withdrawing)			
FILE NOW!!! FEE IS \$138.75		After May 1, 2008 Fee will be \$338.75	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR CLOUTIER-PEREZ, ANABEL 6317 SW 138TH PL MIAMI, FL 33186			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 808, Florida Statutes.			
SIGNATURE: 		Date 4/29/08 786-553-1066	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day/Mo/Yr	