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	9317 SW 138TH PL
SUITE 213	MIAMI, FL 33186 US
MIAMI, FL 33173 US	

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

04292008 Chg-LLC CR2E083 (12/06)

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	7. Name and Address of New Registered Agent
CLOUTIER-PEREZ, ANABEL	Name
9317 SW 138TH PL	Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33186	City FL Zip Code

8. 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 ____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE ____

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLOUTIER-PEREZ, ANABEL 9317 SW 138TH PL MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE: [signature] 4/29/08 786-553-1066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone