

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054315

FILED
Jan 15, 2009
Secretary of State

Entity Name: FAMILY & COURT SERVICES, LLC

Current Principal Place of Business:

1659 E ALFRED ST.
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1062
TAVARES, FL 32778 US

New Mailing Address:

1659 E ALFRED ST.
TAVARES, FL 32778 US

FEI Number: 26-0218152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIPPIN, RUTH
36150 E LAKE SENECA RD
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

PIPPIN, RUTH
1659 E ALFRED STREET
TAVARES, FL 32778 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:

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BALENTINE, DEBRA MRS
Address: 157 ASHLEY STREET
City-St-Zip: GROVELAND, FL 34736 US

Title: MGRM () Delete
Name: PIPPIN, RUTH MRS
Address: 36150 E LAKE SENECA RD
City-St-Zip: EUSTIS, FL 32736 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BALENTINE, DEBRA MRS
Address: 1659 E ALFRED STREET
City-St-Zip: TAVARES, FL 32778 US

Title: MGRM (X) Change () Addition
Name: PIPPIN, RUTH MRS
Address: 1659 E ALFRED STREET
City-St-Zip: TAVARES, FL 32778 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RUTH PIPPIN

MGRM

01/15/2009

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