

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064789

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: PSYCHOEDUCATIONAL CONSULTANTS, LLC

**Current Principal Place of Business:**

19320 N.W. 48 CT.  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

19320 N.W. 48 CT.  
MIAMI, FL 33055

**Current Mailing Address:**

19320 N.W. 48 CT.  
OPA LOCKA, FL 33055

**New Mailing Address:**

19320 N.W. 48 CT.  
MIAMI, FL 33055

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

O'KEEFE, KEVIN J DR.  
19320 N.W. 48 CT.  
MIAMI, FL 33055 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: MGRM ( ) Delete  
Name: OKEEFE, DR KEVIN  
Address: 19320 NE 48 CT.  
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OKEEFE, KEVIN J DR.  
Address: 19320 NE 48 CT.  
City-St-Zip: MIAMI, FL 33055

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: KEVIN J. O'KEEFE

DR.

04/21/2009

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