## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** DOCUMENT # L07000067831 01-22-2008 90123 021 \*\*\*138.75 HOPE COUNSELING SERVICES, LLC 02-28-2008 90106 033 \*\*\*138.75 Principal Place of Business Mailing Address 9647 QUAIL HOLLOW BLVD 9647 QUAIL HOLLOW BLVD 60011402 PENSACOLA, FL 32514 PENSACOLA, FL 32514 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14 W. Jordan St. 14 W. Jordan St. Suite, Apt. #, etc. Suite, Apt. #, etc. 02142008 Chg-LLC CR2E083 (12/06) Suite 1G Suite 1GGCity & State City & State 4. FEI Number Applied For **FL** 32501 Pensacola Pensacola, 56-2667519 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32501 32501 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, RAUL GARCIA, RAUL Street Address (P.O. Box Number is Not Acceptable) 14 W. Jordan St. 9647 QUAIL HOLLOW BLVD PENSACOLA, FL 32514 Suite 1G Pensa<u>cola</u> 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. 2/15/08 Raul Garcia, Manager Signature, typed or printed name of regi ed 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR P TITLE ☐ Change ★★Addition Delete TITLE Raul Garcia 19647 Quail Hollow Blvd. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7E CITY-ST-ZIP Pensacola, FL 32514 ☐ Delete ☐ Change Norma M. Garcia 9647 Quail Hollow Blvd. NAME STREET ADDRESS STREET ADDRESS Pensacola, FL 32514 CATY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TILLE TITLE ☐ Chance NAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Channe ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-7F CITY-ST-2P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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 acclimited liability company of the receive rate 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 or Wistee empowered to execute this report as required by Chapter 608, Florida Statutes. Raul Garcia, Manager 2/15/08 850-791-6952 SIGNATURE: SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 28, 2008 8:00 am