

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000068777

**FILED**  
**Feb 14, 2010**  
**Secretary of State**

**Entity Name:** NORTH STAR COUNSELING SERVICES LLC

**Current Principal Place of Business:**

15901 N. FLORIDA AVENUE  
TAMPA, FL 3354

**New Principal Place of Business:**

15901 N. FLORIDA AVENUE  
TAMPA, FL 33549

**Current Mailing Address:**

3837 NORTHDAL BOULEVARD  
SUITE 319  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 26-0453307      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DELLE DONNE SCHMIDT, LAURA J  
16301 OAKMANOR DRIVE  
TAMPA, FL 33624      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  
**Name:** DELLE DONNE SCHMIDT, LAURA J  
**Address:** 16301 OAKMANOR DRIVE  
**City-St-Zip:** TAMPA, FL 33624

I hereby 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: LAURA DELLEDONNE      MGRM      02/14/2010

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