

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000076518

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** KATHLEEN FITZPATRICK LMHC, LLC

**Current Principal Place of Business:**

6220 S. ORANGE BLOSSOM TRAIL  
SUITE 188  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 783662  
WINTER GARDEN, FL 347783662

**New Mailing Address:**

**FEI Number:** 26-0590437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FITZPATRICK, KATHLEEN  
15354 PEBBLE RIDGE ST.  
WINTER GARDEN, FL 34787 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: FITZPATRICK, KATHLEEN  
Address: 15354 PEBBLE RIDGE ST.  
City-St-Zip: WINTER GARDEN, FL 34787

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: KATHLEEN FITZPATRICK

MGR

01/07/2011

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