2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2008
Secretary of State

DOCUMENT# L07000079233

Entity Name: POSITIVE CHANGE COUNSELING SERVICES, LLC

Current Principal Place of Business:

5334 CENTRAL FLORIDA PKWY #167
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

5334 CENTRAL FLORIDA PKWY #167
ORLANDO, FL 32821

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOLEY, KAREN M MSW LSC
5334 CENTRAL FLORIDA PKWY #167
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

FOLEY, KAREN M LCSW
5334 CENTRAL FLORIDA PKWY #167
ORLANDO, FL 32821 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: KAREN M. FOLEY, LCSW 04/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FOLEY, KAREN M
Address: 5334 CENTRAL FLORIDA PKWY #167
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FOLEY, KAREN M LCSW
Address: 5334 CENTRAL FLORIDA PKWY #167
City-St-Zip: ORLANDO, FL 32821

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: KAREN M. FOLEY, LCSW MGR 04/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date