

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000080962

Entity Name: LYNN WAPPLER, M.S., LMHC, LLC

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5121 EHRLICH ROAD, STE. 104 B  
TAMPA, FL 33624

**New Principal Place of Business:**

5121 EHRLICH ROAD  
STE. 104 B  
TAMPA, FL 33624

**Current Mailing Address:**

5121 EHRLICH ROAD, STE. 104 B  
TAMPA, FL 33624

**New Mailing Address:**

5121 EHRLICH ROAD  
STE. 104 B  
TAMPA, FL 33624

FEI Number: 26-3157853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WAPPLER, LYNN  
5121 EHRLICH ROAD, STE. 104 B  
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: MGR  
Name: WAPPLER, LYNN  
Address: 5121 EHRLICH RD. STE. 104 B  
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: LYNN WAPPLER

MGR

01/25/2011

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