

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# L07000091648

Entity Name: CARPE DIEM COUNCELLING & WELLNESS SERVICES, LLC

Current Principal Place of Business:

14829 71ST PLACE NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

14829 71ST PLACE NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 26-0865337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, ANGELA
14829 71ST PLACE NORTH
LOXAHATCHEE, FL 33470 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 () Delete
Name: HARPER, ANGELA
Address: 14829 71ST PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: HARPER, HAROLD JR
Address: 14829 71ST PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANGELA HARPER

MGRM

02/17/2009

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