

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094988

FILED
Jul 14, 2009
Secretary of State

Entity Name: FAMILY TEAM INSTITUTE, LLC.

Current Principal Place of Business:

6806 NW 37TH TERRACE
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

6806 NW 37TH TERRACE
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 51-0647832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOLI, KIMBERLY
6806 NW 37TH TERRACE
GAINESVILLE, FL 32653 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOLI, KIMBERLY
Address: 6806 NW 37TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: MGR () Delete
Name: FOLI, RANDY
Address: 6806 NW 37TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

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: KIMBERLY FOLI

MGRM

07/14/2009

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