# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 25, 2008**
**Secretary of State**

DOCUMENT# L07000099661

**Entity Name:** ADOLESCENT AND ADULT EVALUATION AND TREATMENT CENTER, LLC

**Current Principal Place of Business:**

4045 SHERIDAN AVENUE #332
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4045 SHERIDAN AVENUE #332
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

PARDOLL, MINDY
4045 SHERIDAN AVENUE #332
MIAMI BEACH, FL 33140 US

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

PARDOLL, MINDY E DR.
4045 SHERIDAN AVENUE #332
MIAMI BEACH, FL 33140 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: MINDY PARDOLL 08/25/2008
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: PARDOLL, MINDY
Address: 4045 SHERIDAN AVENUE #332
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: DR. (X) Change ( ) Addition
Name: PARDOLL, MINDY E
Address: 4045 SHERIDAN AVENUE #332
City-St-Zip: MIAMI BEACH, FL 33140

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: MINDY PARDOLL DR. 08/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date