

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008414

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** THE CENTER FOR FORENSIC PSYCHOLOGY, LLC

**Current Principal Place of Business:**

11422 NW 33RD. STREET  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

11422 NW 33RD. STREET  
SUNRISE, FL 33323 US

**New Mailing Address:**

PO BOX 451298  
SUNRISE, FL 33345-129 US

**FEI Number:** 26-1811509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIMMES, MICHAEL J  
12080 NW 27 COURT  
PLANTATION, FL 33323 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: MIGNONE, SUZANNE  
Address: 11422 NW 33RD STREET  
City-St-Zip: SUNRISE, FL 33323 US

Title: MGR ( ) Delete  
Name: TIMMES, MICHAEL J  
Address: 11422 NW 33RD STREET  
City-St-Zip: SUNRISE, FL 33323 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MIGNONE, SUZANNE  
Address: PO BOX 451298  
City-St-Zip: SUNRISE, FL 33345 US

Title: MGR (X) Change ( ) Addition  
Name: TIMMES, MICHAEL J  
Address: PO BOX 451298  
City-St-Zip: SUNRISE, FL 33345 US

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: SUZANNE MIGNONE

MGRM

03/03/2009

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