

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008540

FILED
Jan 05, 2010
Secretary of State

Entity Name: COMMUNITY COUNSELING CENTER OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

499 NORTH STATE ROAD 434, SUITE 2007
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 161585
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 56-2463919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: CEO
Name: HUNGERFORD, CORRIE L
Address: 499 NORTH STATE ROAD 434, SUITE 2007
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S
Name: HUNGERFORD, CORRIE L
Address: 499 NORTH STATE ROAD 434, SUITE 2007
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: CORRIE L. HUNGERFORD, PH.D., LMHC, LMFT

CEO

01/05/2010

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