

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032861

FILED
Apr 15, 2009
Secretary of State

Entity Name: NORTH FLORIDA MEDIATION CENTER, LLC

Current Principal Place of Business:

6272 DUPONT STATION CT.
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6272 DUPONT STATION CT.
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 26-2472319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEEK, DAVID H
501 RIVERSIDE AVENUE, SUITE 601
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

LUCAS, BRETT Q ESQUIRE
6272 DUPONT STATION COURT
JACKSONVILLE, FL 32217 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: BRETT Q. LUCAS

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUCAS, BRETT Q
Address: 6817 SOUTHPOINT PARKWAY, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LUCAS, BRETT Q
Address: 6272 DUPONT STATION COURT
City-St-Zip: JACKSONVILLE, FL 32217

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: BRETT Q. LUCAS

MGR

04/15/2009

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