

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035070

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA FAMILY TREATMENT LLC

**Current Principal Place of Business:**

6503 NW 66 WAY  
PARKLAND, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

6503 NW 66 WAY  
PARKLAND, FL 33067 US

**New Mailing Address:**

**FEI Number:** 77-0717657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PECUCH, ALEXSIS  
6503 NW 66 WAY  
PARKLAND, FL 33067 US

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

DESROCHERS, ALEXSIS  
6503 NW 66 WAY  
PARKLAND, FL 33067 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:** ALEXSIS DESROCHERS

04/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DESROCHERS, ALEXSIS  
**Address:** 6503 NW 66 WAY  
**City-St-Zip:** PARKLAND, FL 33067 US

**Title:** MGR  
**Name:** JOANNE, PECUCH  
**Address:** 6503 NW 66 WAY  
**City-St-Zip:** PARKLAND, FL 33067

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:** ALEXSIS DESROCHERS

MGRM

04/09/2012

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