

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041075

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** KAREN E ENGBRETSSEN, LLC

**Current Principal Place of Business:**

1876 N UNIVERSITY DR, SUITE 200F  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 452889  
SUNRISE, FL 33348

**New Mailing Address:**

FEI Number: 37-1567090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAREN E. ENGBRETSSEN, PSY D  
3226 NW 123 AVE  
SUNRISE, 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: ENGBRETSSEN, KAREN E  
Address: 3226NW 123RD AVE  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KAREN E ENGBRETSSEN, PSYD,

MGMR

04/29/2009

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