

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056624

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** KATHY ANN MARKS, LCSW, LLC

**Current Principal Place of Business:**

943 CESERY BLVD  
BLDG. G  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11729  
JACKSONVILLE, FL 32239

**New Mailing Address:**

**FEI Number:** 21-5064449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARKS, KATHY A  
1715 HODGES BLVD  
APT. 2507  
JACKSONVILLE, FL 32224 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:** MGR  
**Name:** MARKS, KATHY A  
**Address:** 1715 HODGES BLVD. APT 2507  
**City-St-Zip:** JACKSONVILLE, FL 32224

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:** KATHY ANN MARKS

MGR

03/31/2010

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