

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057658

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** PARTNERSHIP FOR CHILDREN & FAMILIES, LLC

**Current Principal Place of Business:**

10939 KENMORE DR.  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

10939 KENMORE DR.  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

**FEI Number:** 26-2795027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORRIS, LORI A LMHC  
10939 KENMORE DR.  
NEW PORT RICHEY, FL 34654 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: NORRIS, LORI A LMHC  
Address: 10939 KENMORE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM ( ) Delete  
Name: MISIASVEK-BOSER, JO ANN LCSW  
Address: 29703 MORNINGMIST DR.  
City-St-Zip: WESLEY CHAPEL, FL 33547

**ADDITIONS/CHANGES:**

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

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:** LORI A. NORRIS, LMHC

MGRM

04/29/2009

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