

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057658

**FILED**  
**Apr 16, 2012**  
**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  
**Name:** NORRIS, LORI A LMHC  
**Address:** 10939 KENMORE DR.  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

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

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:** LORI NORRIS, LMHC

MGRM

04/16/2012

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