

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066232

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** HOPE FOR FAMILIES SERVICES, L.L.C.

**Current Principal Place of Business:**

301 SOUTH INDIAN RIVER DR, STE 301  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

301 SOUTH INDIAN RIVER DR, STE 301  
FORT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 26-2950869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANCOCK, DAVID L ESQ.  
1327 NORTH CENTRAL AVENUE  
SEBASTAIN, FL 32958 US

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

BROWN, KENNETH N DR.  
301 SOUTH INDIAN RIVER DR, STE 301  
FORT PIERCE, FL 34950 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: DR. KENNETH N. BROWN LMFT

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROWN, KENNETH N DR.  
Address: 301 SOUTH INDIAN RIVER DR, STE 301  
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM ( ) Delete  
Name: BROWN, LYNN M  
Address: 301 SOUTH INDIAN RIVER DR, STE 301  
City-St-Zip: FORT PIERCE, FL 34950

**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: DR. KENNETH N. BROWN LMFT

PRES

04/15/2009

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