

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066232

FILED
Apr 25, 2011
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:

BROWN, KENNETH N DR.
301 SOUTH INDIAN RIVER DR, STE 301
FORT PIERCE, FL 34950 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: BROWN, KENNETH N DR.
Address: 301 SOUTH INDIAN RIVER DR, STE 301
City-St-Zip: FORT PIERCE, FL 34950

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

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: DR. KENNETH N BROWN LMFT

MGR

04/25/2011

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