

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068765

FILED
Apr 30, 2009
Secretary of State

Entity Name: KINDRED COUNSELING SERVICES LLC

Current Principal Place of Business:

3225 W LAKE MARY BLVD SUITE #307
LAKE MARY, FL 32746

New Principal Place of Business:

3525 W LAKE MARY BLVD SUITE #307
LAKE MARY, FL 32746

Current Mailing Address:

3225 W LAKE MARY BLVD SUITE #307
LAKE MARY, FL 32746

New Mailing Address:

3525 W LAKE MARY BLVD SUITE #307
LAKE MARY, FL 32746

FEI Number: 26-3001967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHREYS, NADIA
3225 W LAKE MARY BLVD STE 307
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

PEARCE, MATTHEW
1415 S PALMETTO AVENUE
SANFORD, FL 32771 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: MATTHEW C PEARCE

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUMPHREYS, NADIA
Address: 844 SHELL LANE
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: PEARCE, MATTHEW C
Address: 1415 S PALMETTO AVENUE
City-St-Zip: SANFORD, FL 32771

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: NADIA HUMPHREYS

MGRM

04/30/2009

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