

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069843

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** CHRISTIAN ROMERO, PSY.D. - LICENSED PSYCHOLOGIST; L.L.C.

**Current Principal Place of Business:**

3393 MAGIC OAK LN  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

3393 MAGIC OAK LN  
SARASOTA, FL 34232 US

**New Mailing Address:**

**FEI Number:** 26-3020575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROMERO, CHRISTIAN L PSY.D.  
3393 MAGIC OAK LN  
SARASOTA, FL 34232 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:** OWNR  
**Name:** ROMERO, CHRISTIAN L DR.  
**Address:** 3393 MAGIC OAK LN  
**City-St-Zip:** SARASOTA, FL 34232 SR

**Title:** OWNR  
**Name:** ROMERO, CHRISTIAN L DR.  
**Address:** 4230 S. MACDILL AVE. SUITE 230  
**City-St-Zip:** TAMPA, FL 33611 US

**Title:** OWNR  
**Name:** ROMERO, CHRISTIAN L DR.  
**Address:** 6150 DIAMOND CENTER CT. SUITE 2  
**City-St-Zip:** FT. MYERS, FL 33912 US

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:** CHRISTIAN ROMERO PSY.D.

OWNR

01/04/2011

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