

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070914

FILED
May 02, 2009
Secretary of State

Entity Name: CHANGES PSYCHOTHERAPY, LLC

Current Principal Place of Business:

FOUNTAIN SQUARE, 72 NE FIFTH AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

C/O ULLI HINRICHSEN LCSW
160 W CAMINO REAL #126
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 80-0230888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HINRICHSEN, ULLI LCSW
FOUNTAIN SQUARE, 72 NE FIFTH AVENUE
DELRAY BEACH, FL 33483 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: HINRICHSEN, ULLI LCSW
Address: FOUNTAIN SQUARE, 72 NE FIFTH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

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: ULLI HINRICHSEN

MGRM

05/02/2009

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