

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079764

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** DR. CARRI LAGER, LICENSED PSYCHOLOGIST, LLC

**Current Principal Place of Business:**

900 SOUTH US HIGHWAY 1  
SUITE 101  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

511 COCOPLUM DRIVE SOUTH  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 80-0241804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAGER, CARRI M MRS.  
3022 ALCAZAR PLACE  
#103  
PALM BEACH GARDENS, FL 33410 US

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

LAGER, CARRI M DR.  
511 COCOPLUM DR S  
JUPITER, FL 33458 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: CARRI M. LAGER, PH.D.

01/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAGER, CARRI M DR.  
Address: 3022 ALCAZAR PLACE #103  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAGER, CARRI M DR.  
Address: 511 COCOPLUM DR S  
City-St-Zip: JUPITER, FL 33458

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: CARRI M. LAGER

DR.

01/13/2009

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