

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102808

FILED
Jul 21, 2009
Secretary of State

Entity Name: AUTISM AND BEHAVIORAL CONSULTING LLC

Current Principal Place of Business:

11523 PIMPERNEL DR.
LAKEWOOD RANCH, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

11523 PIMPERNEL DR.
LAKEWOOD RANCH, FL 34202 US

New Mailing Address:

FEI Number: 26-3691306 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

OTT, JEAN
11523 PIMPERNEL DR.
LAKEWOOD RANCH, FL 34202 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:

Title: MGRM () Delete
Name: OTT, JEAN
Address: 11523 PIMPERNEL DR.
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: MGRM () Delete
Name: MANASSA, NICOLE
Address: 2901 26TH ST. W. #117
City-St-Zip: BRADENTON, FL 34205 US

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: JEAN OTT

MS.

07/21/2009

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