

**2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000113570

**FILED**  
**Nov 08, 2011**  
**Secretary of State**

**Entity Name:** KAREN B. FATTOROSI PHD LCSW LLC

**Current Principal Place of Business:**

1294 SE 24 ROAD  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6066  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 22-3824587      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FATTOROSI, KAREN B  
1294 SE 24 ROAD  
OCALA, FL 34471    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: KAREN FATTOROSI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FATTOROSI, KAREN B  
Address: 1294 SE 24 ROAD  
City-St-Zip: Ocala, FL 34471

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: KAREN FATTOROSI

MGR

11/08/2011

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