

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000049444

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** CONWAY COUNSELING CENTER, LLC

**Current Principal Place of Business:**

4763 SOUTH CONWAY ROAD  
SUITE F  
ORLANDO, FL 32812 US

**New Principal Place of Business:**

4763 SOUTH CONWAY ROAD  
SUITE B  
ORLANDO, FL 32812 US

**Current Mailing Address:**

4763 SOUTH CONWAY ROAD  
SUITE F  
ORLANDO, FL 32812 US

**New Mailing Address:**

4763 SOUTH CONWAY ROAD  
SUITE B  
ORLANDO, FL 32812 US

**FEI Number:** 27-0217188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STROBECK, MICHAEL K  
324 NORTH FOREST AVENUE  
ORLANDO, FL 32803 US

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

STROBECK, MICHAEL K  
2125 PORTLIGHT DRIVE  
206  
ORLANDO, FL 32814 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:

04/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STROBECK, DAWN L  
Address: 2125 PORTLIGHT DRIVE  
City-St-Zip: ORLANDO, FL 32814 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: DAWN L STROBECK

MGRM

04/25/2010

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