

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055096

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA ADVISEMENT AND COUNSELING CENTER, LLC

**Current Principal Place of Business:**

24 NW 33RD. COURT  
SUITE A  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

24 NW 33RD. COURT  
SUITE A  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

THOMPSON, JERRY M LMHC  
24 NW 33RD. COURT  
SUITE A  
GAINESVILLE, FL 32607 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THOMPSON, JERRY M LMHC  
Address: 24 NW 33RD. COURT SUITE A  
City-St-Zip: GAINESVILLE, FL 32607 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: JERRY M. THOMPSON                      MGRM                      04/20/2011

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