

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067581

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** PSYCHOLOGICAL & EDUCATIONAL CONSULTING, L.L.C.

**Current Principal Place of Business:**

5607 BUCHANAN DR  
FT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

5607 BUCHANAN DR  
FT PIERCE, FL 34982

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

HILLARD, LURANA C DR  
5607 BUCHANAN DR  
FT PIERCE, FL 34982 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: HILLARD, LURANA C DR  
Address: 5607 BUCHANAN DR  
City-St-Zip: FT PIERCE, FL 34982

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: LURANA C. HILLARD

MGRM

04/29/2010

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