

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000116645

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA SOCIAL SKILLS, LLC

**Current Principal Place of Business:**

3330 NE 190TH STREET  
APT. NO. 2615  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3330 NE 190TH STREET  
APT. NO. 2615  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 27-1565657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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:** CUTLER, JODI R  
**Address:** 3330 NE 190TH STREET APT #2615  
**City-St-Zip:** AVENTURA, FL 33180

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: JODI CUTLER

MRS.

02/25/2011

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