

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000014603

**Entity Name:** CHISM COUNSELING L.L.C.

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8383 SEMINOLE BLVD  
#B  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

8383 SEMINOLE BLVD  
#B  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 90-0011902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHISM, BARBARA L  
10650 VILLAGE DR # A204  
SEMINOLE, FL 33772 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: MGR  
Name: CHISM, BARBARA L  
Address: 10650 VILLAGE DR #A204  
City-St-Zip: SEMINOLE, FL 33772

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: BARBARA CHISM

OWNE

02/22/2012

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