2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# L10000040291

Entity Name: SOLUTIONS FAMILY THERAPY LLC

Current Principal Place of Business:

7617 DUNBRIDGE DR
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

PO BOX 555
ODESSA, FL 33556

New Mailing Address:

FEI Number: 27-2395745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPHERDSON, EDWIN A
7617 DUNBRIDGE DR
ODESSA, FL 33556 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: SHEPHERDSON, ELAINE K
Address: 7617 DUNBRIDGE DR
City-St-Zip: ODESSA, FL 33556

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 Statues.

SIGNATURE: ELAINE SHEPHERDSON MGRM 03/22/2011

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