

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080340

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

**Entity Name:** BRADFORD FAMILY COUNSELING CENTER, LLC

**Current Principal Place of Business:**

819 MCMAHON STREET  
STARKE, FL 32091 US

**New Principal Place of Business:**

**Current Mailing Address:**

819 MCMAHON STREET  
STARKE, FL 32091 US

**New Mailing Address:**

PO BOX 87  
STARKE, FL 32091 US

**FEI Number:** 27-3147620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARRIS, CHRISTINA B  
819 NORTH MCMAHON STREET  
STARKE, FL 32091 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: HARRIS, CHRISTINA B  
Address: 819 NORTH MCMAHON STREET  
City-St-Zip: STARKE, FL 32091 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: CHRISTINA BATH HARRIS

MGRM

04/25/2011

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