

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083490

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** UPRIGHT COUNSELING, LLC

**Current Principal Place of Business:**

601 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

233 E NEW HAVEN AVE  
MELBOURNE, FL 32901 US

**Current Mailing Address:**

PO BOX 361524  
MELBOURNE, FL 32936 US

**New Mailing Address:**

**FEI Number:** 80-0633644      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TYLER, WESLEY R  
601 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901 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:** TYLER, WESLEY R  
**Address:** 233 E NEW HAVEN AVE  
**City-St-Zip:** MELBOURNE, FL 32901 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: WESLEY TYLER

MGRM

04/19/2012

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