

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000102966

FILED
Apr 28, 2011
Secretary of State

Entity Name: THE MEDIATION CENTER SOUTHEAST, LLC

Current Principal Place of Business:

1101 DOUGLAS AVENUE
SUITE B
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

97 HICKORY TREE RD
LONGWOOD, FL 32750 US

Current Mailing Address:

PO BOX 160037
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 27-3596273 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BANTA, SCOTT
1101 DOUGLAS AVENUE
SUITE B
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

BANTA, SCOTT
97 HICKORY TREE RD
LONGWOOD, FL 32750 US

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

04/28/2011

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SHARKEY, COLLEEN
Address: PO BOX 160037
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: MGRM
Name: BANTA, SCOTT
Address: PO BOX 160037
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: MGRM
Name: HARTE, JIM
Address: PO BOX 160037
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 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: SCOTT BANTA

MGRM

04/28/2011

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