2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

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Entity Name: CROSSROADS THERAPY AND LEARNING CENTER, LLC

Current Principal Place of Business:

5150 SW 101 TERR
COOPER CITY, FL 33328 BR

New Principal Place of Business:

Current Mailing Address:

5150 SW 101 TERR
COOPER CITY, FL 33328 BR

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLES, CHRISTINA D
5150 SW 101 TERR
COOPER CITY, FL 33328 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: NAPOLES, CHRISTINA D
Address: 5150 SW 101 TERR
City-St-Zip: COOPER CITY, FL 33328

Title: MGR
Name: NAPOLES, MARK A
Address: 5150 SW 101 TERR
City-St-Zip: COOPER CITY, FL 33328

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: CHRISTINA NAPOLES MGR 01/09/2012

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