

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000076546

FILED
Jan 27, 2012
Secretary of State

Entity Name: ATLANTIC HYPNOTHERAPY PROFESSIONALS, LLC

Current Principal Place of Business:

9765 BOWLINE DRIVE
202
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

9765 BOWLINE DRIVE
202
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 32-0348126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLINS, JAMES J
9765 BOWLINE DRIVE
202
WEST PALM BEACH, FL 33411 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: KOLINS, JAMES J
Address: 9765-202 BOWLINE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM
Name: KOLINS, TAMMY L
Address: 9765-202 BOWLINE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

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: JAMES J. KOLINS

MGRM

01/27/2012

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