

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000082803

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA COUNSELING AND MEDIATION SERVICES, LLC

**Current Principal Place of Business:**

1377 MARLEE ROAD  
ST. JOHNS, FL 32259

**New Principal Place of Business:**

2950 HALCYON LANE  
SUITE 703  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

1377 MARLEE ROAD  
ST. JOHNS, FL 32259

**New Mailing Address:**

2950 HALCYON LANE  
SUITE 703  
JACKSONVILLE, FL 32223

**FEI Number:** 45-2795920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEASLEY PREFFER, JENNIFER L  
1377 MARLEE ROAD  
ST. JOHNS, FL 32259 US

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

BEASLEY PREFFER, JENNIFER L  
2950 HALCYON LANE  
SUITE 703  
JACKSONVILLE, FL 32223 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:

01/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BEASLEY PREFFER, JENNIFER L  
Address: 2950 HALCYON LANE, SUITE 703  
City-St-Zip: JACKSONVILLE, FL 32223

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: JENNIFER L BEASLEY PREFFER

MGR

01/20/2012

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