

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005449

FILED
Apr 30, 2008
Secretary of State

Entity Name: FUNCTIONAL FAMILY THERAPY LLC

Current Principal Place of Business:

1611 MCGILVRA BLVD., EAST
SEATTLE, WA 98112

New Principal Place of Business:

Current Mailing Address:

1611 MCGILVRA BLVD., EAST
SEATTLE, WA 98112

New Mailing Address:

FEI Number: 88-0419448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: ALEXANDER, JAMES F
Address: 4748 ICHABOD ST.
City-St-Zip: HOLLADAY, UT 84117

Title: MGRM () Delete
Name: KOPP, DOUGLAS E
Address: 1611 MCGILVRA BLVD., EAST
City-St-Zip: SEATTLE, WA 98112

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DONALD L. FRANTY

CPA

04/30/2008

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