

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076518

Entity Name: KATHLEEN FITZPATRICK LMHC, LLC

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 188
ORLANDO, FL 32809

Current Mailing Address:

P.O. BOX 783662
WINTER GARDEN, FL 34778-3662

FEI Number: 26-0590437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZPATRICK, KATHLEEN
15354 PEBBLE RIDGE ST.
WINTER GARDEN, FL 34787 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

Date

Authorized Person(s) Detail :

Title MGRM
Name FITZPATRICK, KATHLEEN
Address 15354 PEBBLE RIDGE ST.
City-State-Zip: WINTER GARDEN FL 34787

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN FITZPATRICK

OWNER/MANAGE

06/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date