

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN FITZPATRICK

**OWNER**

**02/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date