

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008414

**Entity Name:** THE CENTER FOR FORENSIC PSYCHOLOGY, LLC

**Current Principal Place of Business:**

11422 NW 33RD. STREET  
SUNRISE, FL 33323

**Current Mailing Address:**

PO BOX 451298  
SUNRISE, FL 33345 US

**FEI Number:** 26-1811509

**Certificate of Status Desired:** No

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

TIMMES, MICHAEL J  
12080 NW 27 COURT  
PLANTATION, FL 33323 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 MIGNONE, SUZANNE  
Address PO BOX 451298  
City-State-Zip: SUNRISE FL 33345

Title MGR  
Name TIMMES, MICHAEL J  
Address PO BOX 451298  
City-State-Zip: SUNRISE FL 33345

*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:** SUZANNE MIGNONE

**MGRM**

**04/19/2019**

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

\_\_\_\_\_  
Date