

2014 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

04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date