

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000066232

**Entity Name:** HOPE FOR FAMILIES SERVICES, L.L.C.

**Current Principal Place of Business:**

301 SOUTH INDIAN RIVER DR, STE 301  
FORT PIERCE, FL 34950

**Current Mailing Address:**

301 SOUTH INDIAN RIVER DR, STE 301  
FORT PIERCE, FL 34950

**FEI Number:** 26-2950869

**Certificate of Status Desired:** No

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

BROWN, KENNETH NDR.  
301 SOUTH INDIAN RIVER DR, STE 301  
FORT PIERCE, FL 34950 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 BROWN, KENNETH NDR.  
Address 301 SOUTH INDIAN RIVER DR, STE 301  
City-State-Zip: FORT PIERCE FL 34950

Title MGRM  
Name BROWN, LYNN M  
Address 301 SOUTH INDIAN RIVER DR, STE 301  
City-State-Zip: FORT PIERCE FL 34950

*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:** BROWN , KENNETH , NDR.

MGRM

04/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date