

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

SIGNATURE: DR. KENNETH N BROWN

PRES

04/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date