

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000029258

**Entity Name:** AVALON BEHAVIOR SERVICES LLC

**Current Principal Place of Business:**

1208 EAST KENNEDY BOULEVARD  
#912  
TAMPA, FL 33602

**Current Mailing Address:**

1208 EAST KENNEDY BOULEVARD  
#912  
TAMPA, FL 33602 US

**FEI Number:** 46-2136497

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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 BELTZ, DAVID  
Address 1208 EAST KENNEDY BOULEVARD  
#912  
City-State-Zip: TAMPA FL 33602

Title MGRM  
Name JOO, SHARLENE  
Address 1208 EAST KENNEDY BOULEVARD  
#912  
City-State-Zip: TAMPA FL 33602

*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:** SHARLENE JOO

**OWNER**

**04/29/2014**

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

\_\_\_\_\_  
Date