

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114711

**Entity Name:** NORTH FLORIDA WOMEN'S SERVICES, LLC

**Current Principal Place of Business:**

1345 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

1345 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301 US

**FEI Number:** 46-3400566

**Certificate of Status Desired:** No

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

ROSIER, SHANNON  
1882 CAPITAL CIRCLE NE, STE-102  
TALLAHASSEE, FL 32308 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 DUNCAN, STEPHEN W  
Address P.O. BOX 16375  
City-State-Zip: TALLAHASSEE FL 32317

*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:** STEPHEN DUNCAN

MGRM

04/29/2015

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

\_\_\_\_\_  
Date