

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005449

Entity Name: FUNCTIONAL FAMILY THERAPY LLC

Current Principal Place of Business:

1251 NW ELFORD DRIVE
SEATTLE, WA 98177-4130

Current Mailing Address:

1251 NW ELFORD DRIVE
SEATTLE, WA 98177-4130

FEI Number: 88-0419448

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	MEMBER	Title	MANAGING MEMBER
Name	ALEXANDER, JAMES F	Name	KOPP, DOUGLAS E
Address	4748 ICHABOD ST.	Address	1251 NW ELFORD DR
City-State-Zip:	HOLLADAY UT 84117	City-State-Zip:	SEATTLE WA 98177
Title	MANAGER		
Name	ROBBINS, MICHAEL S		
Address	1901 NW 108TH AVE		
City-State-Zip:	PEMBROKE PINES FL 33026		

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: DOUGLAS E. KOPP

MANAGING MEMBER

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date