

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071713

FILED
Feb 16, 2009
Secretary of State

Entity Name: WELLTHERAPY LA FAMILIA LLC

Current Principal Place of Business:

7625 SW 62ND CT
100
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

7625 SW 62ND CT
100
OCALA, FL 34476

New Mailing Address:

FEI Number: 68-0617145 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARTINEZ, VITERBO A
4879 SW 106TH ST
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARTINEZ, MAYRA A
Address: 4879 SW 106TH ST
City-St-Zip: Ocala, FL 34476

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MAYRA A MARTINEZ MGR 02/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date