

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124165

**Entity Name:** ALL ABOARD THERAPY OF THE TREASURE COAST, LLC

**Current Principal Place of Business:**

2170 45TH STREET  
VERO BEACH, FL 32967

**Current Mailing Address:**

2170 45TH STREET  
VERO BEACH, FL 32967

**FEI Number: 38-3772129**

**Certificate of Status Desired: Yes**

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

BECHT, EDWARD W  
321 SOUTH SECOND STREET  
FT. FIERCE, 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 JONES, ANNA M  
Address 2170 45TH STREET  
City-State-Zip: VERO BEACH FL 32967

*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: ANNA JONES**

**MEMBER/MGR**

**04/15/2014**

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

\_\_\_\_\_  
Date