

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000063836

Entity Name: THERAPEASE, LLC

Current Principal Place of Business:

4012 COMMONS DRIVE W
SUITE 104H
DESTIN, FL 32541

Current Mailing Address:

PO BOX 5553
DESTIN, FL 32540

FEI Number: 27-0467259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNDON, MARY S
1229 QUAIL LAKE BLVD
DESTIN, FL 32541 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, AUTHORIZED MEMBER
Name HERNDON, MARY S
Address PO BOX 5553
City-State-Zip: DESTIN FL 32540

Title AUTHORIZED MEMBER
Name STEVENSON, REBECCA M
Address PO BOX 5553
City-State-Zip: DESTIN FL 32540

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: MARY HERNDON

MGRM

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date