

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103840

Entity Name: THERAPY TIME, LLC

Current Principal Place of Business:

1460 NW 41 ST
MIAMI, FL 33142

Current Mailing Address:

1460 NW 41 ST
MIAMI, FL 33142

FEI Number: 27-1205858

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

E-CONSULTING, INC
16499 NE 19 AVENUE
SUITE 104
N MIAMI BEACH, FL 33162 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	MGR	Title	MGRM
Name	HILL, ALVIN	Name	HILL-DYKE, LISA
Address	1460 NW 41 ST	Address	5957 NW 79 WAY
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	PARKLAND FL 33067
Title	P		
Name	HILL-DYKE, LISA		
Address	1460 NW 41 STREET		
City-State-Zip:	MIAMI FL 33142		

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALVIN HILL

PRESIDENT

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date