

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000052535

Entity Name: THERAFLEX, LLC

Current Principal Place of Business:

600 N HWY 27
SUITE 5
MINNEOLA, FL 34715

Current Mailing Address:

P.O. BOX 490912
LEESBURG, FL 34749-0912 US

FEI Number: 27-2720317

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VAZ-ANTROBUS, HEATHER
995 N HWY 27
#101
MINNEOLA, FL 34715 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 VAZ-ANTROBUS, HEATHER
Address 995 N HWY 27
#101
City-State-Zip: MINNEOLA FL 34715

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: HEATHER VAZ-ANTROBUS

MANAGER

01/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date