

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000052535

Entity Name: THERAFLEX, LLC

Current Principal Place of Business:

1037 TAWNY EAGLE DR.
GROVELAND, FL 34736

Current Mailing Address:

P.O. BOX 66
GROVELAND, FL 34736 US

FEI Number: 27-2720317

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VAZ-ANTROBUS, HEATHER
1037 TAWNY EAGLE DR.
GROVELAND, FL 34736 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 1037 TAWNY EAGLE DR.
City-State-Zip: GROVELAND FL 34736

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

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date