

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000056971

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC8808107545**

**Entity Name:** THERALINKS RELATED SERVICES, LLC

**Current Principal Place of Business:**

441 RUBY LAKE PLACE  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

441 RUBY LAKE PLACE  
WINTER HAVEN, FL 33884 US

**FEI Number: 45-2496000**

**Certificate of Status Desired: No**

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

SANDERS, JASON  
441 RUBY LAKE PLACE  
WINTER HAVEN, FL 33884 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	Title	MGRM
Name	SANDERS, JASON	Name	SANDERS, SAMUEL G
Address	441 RUBY LAKE PLACE	Address	6780 WINTERSET GARDENS RD.
City-State-Zip:	WINTER HAVEN FL 33884	City-State-Zip:	WINTER HAVEN FL 33884

*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: SAMUEL G. SANDERS**

**MGRM**

**01/10/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date