

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000084855

Entity Name: RESTORATIVE THERAPEUTIC SOLUTIONS, LLC.

Current Principal Place of Business:

9 CHAPEL CT.
TEQUESTA, FL 33469

Current Mailing Address:

9 CHAPEL CT.
TEQUESTA, FL 33469

FEI Number: 47-1001256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEPASS, PETA-GAY
9 CHAPEL CT.
TEQUESTA, FL 33469 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
Name DEPASS, PETA-GAY
Address 9 CHAPEL CT.
City-State-Zip: TEQUESTA FL 33469

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: PETA-GAY DEPASS

MGR

01/07/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date