

**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