

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000113415

Entity Name: ABSOLUTE THERAPY, LLC

Current Principal Place of Business:

3124 BORDER CREEK RD
CRESTVIEW, FL 32539

Current Mailing Address:

3124 BORDER CREEK RD
CRESTVIEW, FL 32539 US

FEI Number: 47-4468725

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TORRES, DEBRA
3124 BORDER CREEK RD
CRESTVIEW, FL 32539 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 TORRES, DEBRA
Address 3124 BORDER CREEK RD
City-State-Zip: CRESTVIEW FL 32539

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: DEBRA M TORRES

MGRM

03/22/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date