

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000019304

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** RENEW THERAPY CENTER OF PALM BAY, LLC

**Current Principal Place of Business:**

1091 PORT MALABAR BLVD., NE #2  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

1091 PORT MALABAR BLVD., NE #2  
PALM BAY, FL 32905

**New Mailing Address:**

**FEI Number:** 52-2370798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AGANON, LOVENA  
1091 PORT MALABAR BLVD. NE #2  
PALM BAY, FL 32905 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AGANON, LOVENA  
Address: 1091 PORT MALABAR BLVD., NE #2  
City-St-Zip: PALM BAY, FL 32905

Title: MGRM  
Name: AGANON, CESAR  
Address: 1091 PORT MALABAR BLVD. NE #2  
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LOVENA AGANON

MGRM

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date