

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90093 001 ***100.00

DOCUMENT # L02000024258

1. Entity Name
**TREASURE COAST INJURY AND WELLNESS CENTRE,
P.L.**



Principal Place of Business
118 SOUTH U.S. HIGHWAY ONE
VERO BEACH, FL 32962

Mailing Address
118 SOUTH U.S. HIGHWAY ONE
VERO BEACH, FL 32962

34004694



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132004 Chg-LLC CR2E083 (10/03)

4. FEI Number
90-0047572

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, SHANNON A DR.
118 SOUTH U.S. HIGHWAY ONE
VERO BEACH, FL 32962

Name **DEC CONSULTANTS, INC.**
Street Address (P.O. Box Number is Not Acceptable)
1515 INDIAN RIVER BLVD.
SUITE A210
City **VERO BEACH** **FL** **32960**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

03/22/2004

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM ☐ Delete
GRIFFIN, SHANNON A DR
118 SOUTH U.S. HIGHWAY ONE
VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/22/2004

Date

772.978.9916

Daytime Phone #