

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081665

FILED
Feb 15, 2011
Secretary of State

Entity Name: CHAPMAN & ASSOCIATES THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

561 E MITCHELL HAMMOCK RD
#400
OVIEDO, FL 32765

New Principal Place of Business:

3480 RAVENCREEK LN
OVIEDO, FL 32766

Current Mailing Address:

PO BOX 622437
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 87-0735044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, CALEB S
561 E MITCHELL HAMMOCK RD
#400
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

CHAPMAN, CALEB S
3480 RAVENCREEK LN
OVIEDO, FL 32766 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

02/15/2011

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CHAPMAN, CALEB S
Address: 3480 RAVENCREEK LN
City-St-Zip: OVIEDO, FL 32766

Title: MGRM
Name: CHAPMAN, ASHLEY B
Address: 3480 RAVENCREEK LN
City-St-Zip: OVIEDO, FL 32766

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: CALEB CHAPMAN

MGRM

02/15/2011

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