

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020096

FILED
Apr 28, 2007
Secretary of State

Entity Name: INSTITUTE OF REFLEXOTHERAPY LLC

Current Principal Place of Business:

16460 TIMBERLAKES DRIVE
202
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16460 TIMBERLAKES DRIVE
202
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-2417420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOPILYER, IZABELLA
16460 TIMBERLAKES DRIVE
202
FORT MYERS, FL 33908 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: MGR () Delete
Name: TOPILYER, IZABELLA
Address: 16460 TIMBERLAKES DRIVE 202
City-St-Zip: FORT MYERS, FL 33908

Title: MNG () Delete
Name: ILYA, SELDINAS
Address: 126 EMILY LANE
City-St-Zip: STATEN ISLAND, NY 10312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ILYA, SELDINAS
Address: 126 EMILY LANE
City-St-Zip: STATEN ISLAND, NY 10312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: IZABELLA TOPILYER

MGR

04/28/2007

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