

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026997

Entity Name: HOME THERAPY, LLC

FILED
Feb 16, 2008
Secretary of State

Current Principal Place of Business:

1343 MAIN STREET
502
SARASOTA, FL 34236

New Principal Place of Business:

2495 WISTERIA STREET
SARASOTA, FL 34239

Current Mailing Address:

1343 MAIN STREET
502
SARASOTA, FL 34236

New Mailing Address:

2495 WISTERIA STREET
SARASOTA, FL 34239

FEI Number: 20-2518531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEATHERAGE, HEATHER H
1343 MAIN STREET
502
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

DEATHERAGE, JUSTIN M
2495 WISTERIA STREET
SARASOTA, FL 34239 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: JUSTIN DEATHERAGE

02/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEATHERAGE, HEATHER H
Address: 1343 MAIN ST. SUITE 502
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: DEATHERAGE, JUSTIN M
Address: 2495 WISTERIA LANE
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEATHERAGE, HEATHER H
Address: 2717 ESPANOLA AVE
City-St-Zip: SARASOTA, FL 34239

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

Title: MGR () Change (X) Addition
Name: VALENCIA, ALEJANDRO J
Address: 2333 SUNNYSIDE LN
City-St-Zip: SARASOTA, FL 34239

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: JUSTIN DEATHERAGE

MGR

02/16/2008

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