

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002231

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** TIDWELL'S ORTHOTICS, LLC

**Current Principal Place of Business:**

4450 NW 126TH AVE  
STE 106  
CORAL SPRINGS, FL 330657604 US

**New Principal Place of Business:**

**Current Mailing Address:**

4450 NW 126TH AVE  
STE 106  
CORAL SPRINGS, FL 330657604 US

**New Mailing Address:**

**FEI Number:** 20-4064846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JUMPING JAX TAX INC  
1940 HARRISON ST  
STE 202  
HOLLYWOOD, FL 330205072 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:** TIDWELL, JODI  
**Address:** 4450 NW 126TH AVE  
**City-St-Zip:** CORAL SPRINGS, FL 330657604 US

**Title:** MGRM  
**Name:** TIDWELL, CHRIS  
**Address:** 4450 NW 126TH AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33065

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:** JODI TIDWELL

MGRM

03/29/2011

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