

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90192 017 \*\*\*\*50.00

DOCUMENT # **L06000004640**

1. Entity Name

**Treasure Coast Therapists, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**420 Sopwith Drive**

3. Mailing Address

**420 Sopwith Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Vero Beach, FL**

Suite, Apt. #, etc.

City & State

City & State

**Vero Beach, FL**

**Vero Beach, FL**

Zip

Country

Zip

Country

**32968**

**Indian River**

**32968**

**Indian River**

4. FEI Number

**75-3208263**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Jean Burdsall**

Street Address (P.O. Box Number is Not Acceptable)

**420 Sopwith Drive**

City

**Vero Beach**

**FL**

Zip Code

**32968**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

**Jean M. Burdsall**

**Jean M. Burdsall**

**same registered agent**

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
Jean Burdsall  
420 Sopwith Drive  
Vero Beach, FL 32968**

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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:

**Jean M. Burdsall**

**Jean M. Burdsall**

**2-21-07**

**(772)216-4339**

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

Date

Daytime Phone #