

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000032257

Entity Name: INTENT THERAPY LLC

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15476 N.W. 77 COURT, SUITE 131  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

2000 NW 89TH PL  
112A  
DORAL, FL 33172

**Current Mailing Address:**

15476 N.W. 77 COURT, SUITE 131  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 74-3170993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BATISTA, MAYLIN  
15476 N.W. 77 COURT, SUITE 131  
MIAMI LAKES, FL 33016 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: BATISTA, MAYLIN  
Address: 15476 N.W. 77 COURT, SUITE 131  
City-St-Zip: MIAMI LAKES, FL 33016

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: MAYLIN BATISTA,PH.D,LMHC

MGRM

01/25/2011

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