

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000053088

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** RENEW TOTAL THERAPY, LLC

**Current Principal Place of Business:**

8980 N US 1  
SEBASTIAN, FL 32958 US

**New Principal Place of Business:**

**Current Mailing Address:**

8980 N US 1 UNIT 1  
SEBASTIAN, FL 32958 US

**New Mailing Address:**

8980 N US 1  
SEBASTIAN, FL 32958 US

**FEI Number:** 20-4925399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, KATHY  
1650 42ND SQUARE  
B102  
VERO BEACH, FL 32960 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:** SMITH, KATHY  
**Address:** 203 MARTIN ST  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32967 US

**Title:** MGRM  
**Name:** WILEY, PAULA  
**Address:** 1650 42ND SQUARE B102  
**City-St-Zip:** VERO BEACH, FL 32960 US

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:** KATHY SMITH

MGR

02/18/2010

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