

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067361

Entity Name: LOGICAL THERAPY, LLC

FILED
Feb 18, 2010
Secretary of State

Current Principal Place of Business:

555 W GRANADA BLVD.
D-9
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

555 W GRANADA BLVD.
D-9
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 26-1558429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

P & D MANAGEMENT, LLC
1655 N. CLYDE MORRIS BLVD.
STE 1
DAYTONA BEACH, FL 32117 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: MGR
Name: NOILES, DANIEL A
Address: 226 N. NOVA RD., #384
City-St-Zip: ORMOND BEACH, FL 32174

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: DANIEL A. NOILES

MGR

02/18/2010

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