


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

01-08-2007 90210 040 ****55.00

DOCUMENT # L06000072838 1. Entity Name ABILITIES THERAPY PROFESSIONALS LLC					
Principal Place of Business 15333 SW 32 TERRACE MIAMI, FL 33185			Mailing Address 15333 SW 32 TERRACE MIAMI, FL 33185		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MENDOZA, NELSON L 15333 SW 32 TERRACE MIAMI, FL 33185				7. Name and Address of New Registered Agent Name MENDOZA, CANDIDA L. Street Address (P.O. Box Number is Not Acceptable) 15333 S.W. 32 TERRACE City MIAMI FL Zip Code 33185	
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 <i>Candida Mendoza</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, NELSON L 15333 SW 32 TERRACE MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMINGUEZ, CANDIDA L. 15333 SW 32 TERRACE MIAMI, FL 33185	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, CANDIDA L. 15333 S.W. 32 TERRACE MIAMI, FL 33185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, CANDIDA L. 15333 S.W. 32 TERRACE MIAMI, FL 33185	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, CANDIDA L. 15333 S.W. 32 TERRACE MIAMI, FL 33185	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, CANDIDA L. 15333 S.W. 32 TERRACE MIAMI, FL 33185	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, CANDIDA L. 15333 S.W. 32 TERRACE MIAMI, FL 33185	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Candida Mendoza</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					

ATTACHMENT
30001753
L06000072838

15333 SW 32 Terrace
Miami, Florida 33185

Friday, March 2, 2007

State of Florida
Division of Corporations
PO Box 6478
Tallahassee, Florida 32314

Re: Abilities Therapy Professionals - Document 707A00003662

To Whom It May Concern:

This afternoon we spoke with your office and were advised that a letter was sent to us requesting the Federal Identification Number (FIN) for **Abilities Therapy Professionals LLC**. Unfortunately, that letter was not received by us.

Nonetheless, attached please find a revised 2007 Limited Liability Company Annual Report application containing the FIN. Please note that check number #3169 in the amount of \$55.00 was sent and cashed by your office on January 18th.

If you have any questions, feel free to contact me at the aforementioned address. You may also contact me at 305.299.9187 or via email at candyd28@comcast.net.

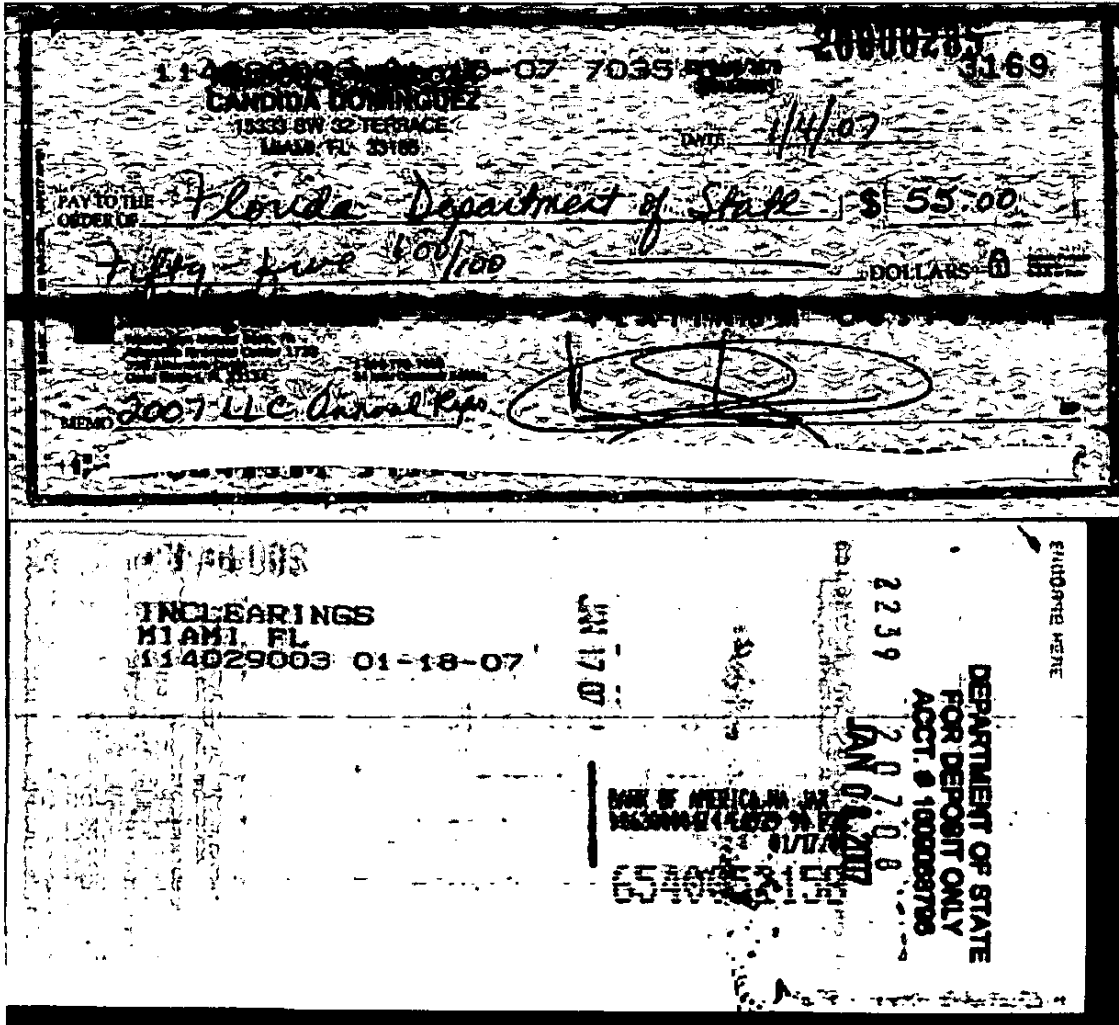
Regards,



Candida L Dominguez

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30001753
206000072838

Transaction Details - Check - 0000003169

114029003 01-18-07 7035 20000785 3169
CANDIDA DOMINGUEZ
15333 SW 32 TERRACE
MIAMI, FL 33165
DATE 1/14/07
PAY TO THE ORDER OF Florida Department of State \$ 55.00
Fifty-five 00/100 DOLLARS
MEMO 2007 LLC Annual Rpt
INCLEARINGS
MIAMI, FL
114029003 01-18-07
JAN 17 07
DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1000000000
JAN 17 07
6540000000

Transaction Type: Check**Account:** Mutual Platinum Checking/*****6383**Posting Date:** 01/18/2007**Amount:** \$55.00**Check Number:** 3169**Transaction Number:** 1070-1181-0001-1402-9003

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