

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000077468

**FILED**  
**Apr 02, 2011**  
**Secretary of State**

**Entity Name:** LIGHTHOUSE THERAPY ASSOCIATES, LLC

**Current Principal Place of Business:**

13712 AMELIA POND DRIVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 784341  
WINTER GARDEN, FL 34778

**New Mailing Address:**

**FEI Number:** 22-3939853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA PA  
1840 SOUTHWEST 22 STREET 4TH FLOOR  
MIAMI, FL 33145 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:** MGRS  
**Name:** SOBRAL, ELIANA C  
**Address:** PO BOX 784341  
**City-St-Zip:** WINTER GARDEN, FL 34778

**Title:** MGRT  
**Name:** SOBRAL, THIAGO C  
**Address:** PO BOX 784341  
**City-St-Zip:** WINTER GARDEN, FL 34778

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:** ELIANA SOBRAL

MGRS

04/02/2011

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