

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110111

Entity Name: THERAPY 4 LIFE, LLC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

497 SW DURANT STREET
FORT WHITE, FL 32038 US

New Principal Place of Business:

185 E BAYA DRIVE
LAKE CITY, FL 32025 US

Current Mailing Address:

PO BOX 604
FORT WHITE, FL 32038 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, TANA F
497 SW DURANT STREET
FORT WHITE, FL 32038 US

Name and Address of New Registered Agent:

ANDREWS, TANA F
185 NE BAYA DRIVE
LAKE CITY, FL 32025 US

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: TANA ANDREWS

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDREWS, TANA F MGRM
Address: 497 SW DURANT STREET
City-St-Zip: FORT WHITE, FL 32038 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDREWS, TANA F MGRM
Address: 185 NE BAYA AVE
City-St-Zip: LAKE CITY, FL 32025 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TANA F. ANDREWS

MGRM

04/27/2008

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