2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# L07000056520

Entity Name: MUSIC THERAPY & EDUCATION LLC

Current Principal Place of Business:

9355 MITCHELL DRIVE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

9355 MITCHELL DRIVE
MIAMI, FL 33176 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:

CHAZYN, NATHALIE S
9355 MITCHELL DRIVE
MIAMI, FL 33176 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 ( ) Delete
Name: CHAZYN, NATHALIE
Address: 1, RUE RAYMOND GACHELIN
City-St-Zip: SCEAUX, HS 92330 FR

Title: MGRM ( ) Delete
Name: CHAZYN, FABIO
Address: 9355 MITCHELL DRIVE
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHAZYN, NATHALIE
Address: 9355 MITCHELL DRIVE
City-St-Zip: MIAMI, FL 33176

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NATHALIE CHAZYN NC 03/02/2009

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