

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086803

FILED  
Jan 24, 2008  
Secretary of State

**Entity Name:** THERADESIGN FURNITURE, LLC

**Current Principal Place of Business:**

209 EAST PALMETTO PARK ROAD  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

209 EAST PALMETTO PARK ROAD  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 26-0774226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHARLES ALAN ROSS, PA  
12864 BISCAYNE BLVD  
SUITE # 372  
NORTH MIAMI, FL 33181 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 ( ) Delete  
Name: BESNER, MELODY A  
Address: 9736 VIA EMILIE  
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM ( ) Delete  
Name: THERASAGE RX CORPORA, TION  
Address: 209 E PALMETTO PARK ROAD  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

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

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:** MELODY BESNER

MGR

01/24/2008

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