2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# L07000092162

Entity Name: THERA-P SOLUTIONS, LLC

Current Principal Place of Business:

5751 WESTVIEW DRIVE
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

5751 WESTVIEW DRIVE
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 26-3515226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, LYNETTE
5751 WESTVIEW DRIVE
ORLANDO, FL 32810 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: DAVIS, LYNETTE
Address: 5751 WESTVIEW DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: MGRM ( ) Delete
Name: WILLIAMS, MELISSA
Address: 1225 BLACKWATER POND DRIVE
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMS, MELISSA
Address: 12126 MAGAZINE STREET #2301
City-St-Zip: ORLANDO, FL 32828 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: LYNETTE DAVIS MRS. 04/19/2009

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