2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L07000096014

Entity Name: THERAPY WITHOUT WALLS, LLC

Current Principal Place of Business:

1334 KOZART ST
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

PO BOX 608896
ORLANDO, FL 328608896

New Mailing Address:

FEI Number: 20-3468250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSHIN, TAJUANA D
1334 KOZART ST
ORLANDO, FL 32811 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: RUSHIN, TAJUANA D
Address: 1334 KOZART ST
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: RUSHIN, TAJUANA D
Address: 1334 KOZART ST
City-St-Zip: ORLANDO, FL 32811

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: TAJUANA D. RUSHIN PRES 01/27/2009

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