

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000111616

Entity Name: PARADIGM THERAPY, LLC

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10901 BUD RHODEN RD  
26-4571467  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

10901 BUD RHODEN RD  
PALMETTO, FL 34221 US

**Current Mailing Address:**

10901 BUD RHODEN RD  
26-4571467  
PALMETTO, FL 34221 US

**New Mailing Address:**

10901 BUD RHODEN RD  
PALMETTO, FL 34221 US

FEI Number: 26-4571467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MELENDEZ, JULIA  
10901 BUD RHODEN RD  
PALMETTO, FL 34221 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  
Name: MELENDEZ, JULIA  
Address: 10901 BUD RHODEN RD  
City-St-Zip: PALMETTO, FL 34221 US

I hereby 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: JULIA MELENDEZ

MGRM

04/26/2011

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