

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010610

FILED
Apr 09, 2009
Secretary of State

Entity Name: THERIAC ENTERPRISES OF GREENBRIER WEST VIRGINIA LLC

Current Principal Place of Business:

12573 NEW BRITTANY BLVD., BLDG. 23
FORT MYERS, FL 33907

New Principal Place of Business:

5292 SUMMERLIN COMMONS WAY
SUITE 1103
FORT MYERS, FL 33907

Current Mailing Address:

12573 NEW BRITTANY BLVD., BLDG. 23
FORT MYERS, FL 33907

New Mailing Address:

5292 SUMMERLIN COMMONS WAY
SUITE 1103
FORT MYERS, FL 33907

FEI Number: 26-1837953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DDM, LLC
12573 NEW BRITTANY BLVD., BLDG. 23
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

DDM, LLC
5292 SUMMERLIN COMMONS WAY
SUITE 1103
FORT MYERS, FL 33907 US

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: CATHY NEWKIRK

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DDM, LLC
Address: 12573 NEW BRITTANY BLVD., BLDG. 23
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DDM, LLC
Address: 5292 SUMMERLIN COMMONS WAY #1103
City-St-Zip: FORT MYERS, FL 33907

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: DANIEL DOSORETZ

MGMR

04/09/2009

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