

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016556

Entity Name: TRAILS THERAPY, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

223 EAST TALL OAKS CIRCLE
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

11211 OSPREY LAKE LANE
WEST PALM BEACH, FL 33412 US

Current Mailing Address:

223 EAST TALL OAKS CIRCLE
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

11211 OSPREY LAKE LANE
WEST PALM BEACH, FL 33412 US

FEI Number: 26-1980322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: HINTZ, LEAH
Address: 223 EAST TALL OAKS CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HINTZ, LEAH
Address: 11211 OSPREY LAKE LANE
City-St-Zip: WEST PALM BEACH, FL 33412 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: LEAH HINTZ

MGRM

04/24/2009

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