2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L08000017576

Entity Name: THERAPY SESSIONS, L.L.C.

Current Principal Place of Business:

1608 WOODSTONE DRIVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1608 WOODSTONE DRIVE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 26-2029181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, HEATHER
1608 WOODSTONE DRIVE
APOPKA, FL 32703 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: WILLIAMS, HEATHER
Address: 1608 WOODSTONE DRIVE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMS, HEATHER M
Address: 1608 WOODSTONE DRIVE
City-St-Zip: APOPKA, FL 32703

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: HEATHER M WILLIAMS MGRM 03/03/2009

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