

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000023924

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** ACADEMY OF LYMPHATIC STUDIES HOLDING COMPANY, LLC

**Current Principal Place of Business:**

11632 HIGH STREET  
SUITE A  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 99  
ITASCA, IL 60143

**New Mailing Address:**

**FEI Number:** 26-2125006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MERWIN, DAVID  
11632 HIGH ST.  
SUITE A  
SEBASTIAN, FL 32958 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  
Name: MERWIN, DAVID  
Address: PO BOX 99  
City-St-Zip: ITASCA, IL 60143

Title: MGR  
Name: ROBINSON, JOHN  
Address: PO BOX 99  
City-St-Zip: ITASCA, IL 60143

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: DAVID MERWIN

MGR

04/14/2011

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