

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037520

FILED  
Apr 24, 2010  
Secretary of State

**Entity Name:** THERAPIE SOLUTIONS, LLC

**Current Principal Place of Business:**

2329 NW 189TH AVENUE  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

2329 NW 189TH AVENUE  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

FEI Number: 11-3761973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CONLEY-BROWN, PATRINA Y  
2329 NW 189TH AVENUE  
PEMBROKE PINES, FL 33029 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: CONLEY-BROWN, PATRINA Y  
Address: 2329 NW 189TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029 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: PATRINA CONLEY-BROWN      MRS.      04/24/2010

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