

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Aug 05, 2009
Secretary of State**

DOCUMENT# L08000086138

Entity Name: SENSATIONAL OCCUPATIONAL THERAPY, LLC

Current Principal Place of Business:

4829 INNISBROOK COURT SOUTH
ELKTON, FL 32033 US

New Principal Place of Business:

Current Mailing Address:

4829 INNISBROOK COURT SOUTH
ELKTON, FL 32033 US

New Mailing Address:

FEI Number: 26-3344025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AUGUST, AMANDA J MSOTR/L
4829 INNISBROOK COURT SOUTH
ELKTON, FL 32033 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: AUGUST, AMANDA
Address: 4829 INNISBROOK COURT S
City-St-Zip: ELKTON, FL 32033

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: AMANDA AUGUST

MGR

08/05/2009

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