

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086138

**FILED  
Apr 29, 2011  
Secretary of State**

**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 ( )

**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: MGR  
Name: AUGUST, AMANDA  
Address: 4829 INNISBROOK COURT S  
City-St-Zip: ELKTON, FL 32033

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: AMANDA AUGUST      MGR      04/29/2011

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