

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098544

FILED
Apr 30, 2009
Secretary of State

Entity Name: THERAPEUTIC FOUNDATIONS, LLC

Current Principal Place of Business:

1181 DEL MASO DRIVE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

1181 DAL MASO DRIVE
DAYTONA BEACH, FL 32117

Current Mailing Address:

1181 DEL MASO DRIVE
DAYTONA BEACH, FL 32117

New Mailing Address:

1181 DAL MASO DRIVE
DAYTONA BEACH, FL 32117

FEI Number: 51-0475517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAIMOLI, DAWN
1181 DEL MASO DRIVE
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

NAIMOLI, DAWN
1181 DAL MASO DRIVE
DAYTONA BEACH, FL 32117 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: NAIMOLI, DAWN
Address: 1181 DEL MASO DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: NAIMOLI, DAWN
Address: 1181 DAL MASO DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: P () Change (X) Addition
Name: ANGWENYI, CAMILE
Address: 1181 DAL MASO DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

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: CAMILE ANGWENYI

P

04/30/2009

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