

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099213

FILED
Jul 03, 2009
Secretary of State

Entity Name: MOTO THERAPY

Current Principal Place of Business:

14 PALMETTO ST.
SUITE C
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4908
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: 80-0287177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEN, NATHAN C
1613 PERDIDO COURT
KISSIMME, FL 34759 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 () Delete
Name: ALLEN, SHAUN E
Address: 1636 TENCH COURT
City-St-Zip: KISSIMME, FL 34759

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHAUN E ALLEN

MGR

07/03/2009

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