

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099213

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** MOTO THERAPY

**Current Principal Place of Business:**

102 RAILROAD  
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  
Name: ALLEN, SHAUN E  
Address: 314 ANCHOVIE CT  
City-St-Zip: KISSIMME, FL 34759

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: SHAUN ALLEN

MGR

01/10/2011

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