

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099213

FILED
Apr 13, 2012
Secretary of State

Entity Name: MOTO THERAPY

Current Principal Place of Business:

14 PALMETTO ST., STE. C
HAINES CITY, FL 33844

New Principal Place of Business:

1870 HWY 17/92 UNIT 29
LAKE ALFRED, FL 33850

Current Mailing Address:

P.O. BOX 4908
HAINES CITY, FL 33845

New Mailing Address:

1870 HWY 17/92 UNIT 29
LAKE ALFRED, FL 33850

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
1870 HWY 17/92
UNIT #29
LAKE ALFRED, FL 33850 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: 10 TUNA LANE
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

04/13/2012

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