

L090000000460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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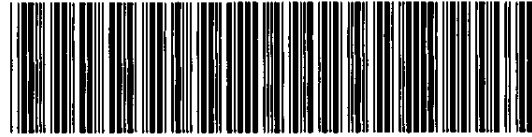
(Business Entity Name)

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Malave, Erin

From: paredesd.1@netzero.net
Sent: Wednesday, October 13, 2010 1:44 PM
To: CorpAddressChange
Subject: Request for change of address: THERA-PRO CARE, LLC.
To whom it may concern:

We are writing to request a change of address for :

Thera-Pro Care, LLC

Document Number: L09000000460

From old address: 1830 NW 7 ST STE 202
Miami FL 33125

To new address: 888 NW 27 AVE STE 5
Miami, FL 33125

Thank you and we appreciate your time. Regards, Belisario Sanchez.

I

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