

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011717

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** YOUR LIFE AFTER TRAUMA, LLC

**Current Principal Place of Business:**

1447 BARLOW CT  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

1447 BARLOW CT  
PALM BEACH GARDENS, FL 33410 UN

**Current Mailing Address:**

1447 BARLOW CT  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

1447 BARLOW CT  
PALM BEACH GARDENS, FL 33410 UN

**FEI Number:** 26-4394076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSENTHAL, EILEEN  
510 LES JARDIN DR.  
PALM BEACH GARDENS, FL 33410 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: MGRM  
Name: ROSENTHAL, MICHELE  
Address: 1447 BARLOW CT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: MICHELE ROSENTHAL

MGRM

04/21/2012

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