

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059703

Entity Name: BEACH THERAPY, L.L.C.

FILED  
May 05, 2010  
Secretary of State

**Current Principal Place of Business:**

40 SPRING DRIVE  
ZIONSVILLE, IN 46077

**New Principal Place of Business:**

**Current Mailing Address:**

40 SPRING DRIVE  
ZIONSVILLE, IN 46077

**New Mailing Address:**

FEI Number: 27-1875031      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WILLIAMS, TIM  
10343 EAST HIGHWAY 30A  
SUITE 105  
SEACREST BEACH, FL 32413 US

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: JACKSON, BECKY  
Address: 40 SPRING DRIVE  
City-St-Zip: ZIONSVILLE, IN 46077

Title: MGRM  
Name: JACKSON, MARK  
Address: 40 SPRING DRIVE  
City-St-Zip: ZIONSVILLE, IN 46077

Title: MGRM  
Name: JACKSON, JACK  
Address: 7353 LITTLE OAK LANE  
City-St-Zip: INDIANAPOLIS, IN 46259

Title: MGRM  
Name: JACKSON, CAROLYN  
Address: 7353 LITTLE OAK LANE  
City-St-Zip: INDIANAPOLIS, IN 46259

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: BECKY JACKSON

MGR

05/05/2010

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