

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000060035

Entity Name: RECONCILED THERAPY, LLC

FILED
Apr 30, 2011
Secretary of State

Current Principal Place of Business:

4941 ALDER DRIVE
UNIT A
WEST PALM BEACH, FL 33417

New Principal Place of Business:

742 VENICE CIRCLE
APT 104
LAKE PARK, FL 33403

Current Mailing Address:

4941 ALDER DRIVE
UNIT A
WEST PALM BEACH, FL 33417

New Mailing Address:

742 VENICE CIRCLE
APT 104
LAKE PARK, FL 33403

FEI Number: 27-0403292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORALES, WILLETTE V
4941 ALDER DRIVE
UNIT A
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

MORALES, WILLETTE V
742 VENICE CIRCLE
APT 104
LAKE PARK, FL 33403 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: WILLETTE VICTORIA MORALES

04/30/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MORALES, WILLETTE V
Address: 742 VENICE CIRCLE, APT 104
City-St-Zip: LAKE PARK, FL 33403

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: WILLETTE VICTORIA MORALES

MGRM

04/30/2011

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