

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070710

**FILED**  
**Feb 06, 2011**  
**Secretary of State**

**Entity Name:** COMMUNITY OCCUPATIONAL THERAPY SERVICES LLC

**Current Principal Place of Business:**

156 SANDY CREEK LANDING ROAD  
PONCE DE LEON, FL 32455

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 243  
PONCE DE LEON, FL 32455

**New Mailing Address:**

**FEI Number:** 27-0596759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOUCK, TONI E MRS  
156 SANDY CREEK LANDING ROAD  
PONCE DE LEON, FL 32455 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:** BOUCK, TONI E MRS  
**Address:** 156 SANDY CREEK LANDING ROAD  
**City-St-Zip:** PONCE DE LEON, FL 32455

**Title:** MGRM  
**Name:** BOUCK, ROBERT W III  
**Address:** 156 SANDY CREEK LANDING ROAD  
**City-St-Zip:** PONCE DE LEON, FL 32455

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:** TONI BOUCK

MGR

02/06/2011

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