

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103840

**FILED**  
**Sep 28, 2012**  
**Secretary of State**

**Entity Name:** THERAPY TIME, LLC

**Current Principal Place of Business:**

1460 NW 41 ST  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

1460 NW 41 ST  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 27-1205858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

E-CONSULTING, INC  
16499 NE 19 AVENUE  
SUITE 104  
N MIAMI BEACH, FL 33162 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:** HILL, ALVIN  
**Address:** 1460 NW 41 ST  
**City-St-Zip:** MIAMI, FL 33142

**Title:** MGRM  
**Name:** HILL-DYKE, LISA  
**Address:** 5957 NW 79 WAY  
**City-St-Zip:** PARKLAND, FL 33067

**Title:** P  
**Name:** HILL-DYKE, LISA  
**Address:** 1460 NW 41 STREET  
**City-St-Zip:** MIAMI, FL 33142

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:** LISA DYKE-HILL

PRES

09/28/2012

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