

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000084037

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** LORI RENEE TORRES, M.S., OTR/L, L.L.C.

**Current Principal Place of Business:**

2133 SE BRYSON AVENUE  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

60 SOUTH SEWALLS POINT RD  
STUART, FL 34996 US

**Current Mailing Address:**

2133 SE BRYSON AVENUE  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

60 SOUTH SEWALLS POINT RD  
STUART, FL 34996 US

**FEI Number:** 27-3071164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, LORI R  
2133 SE BRYSON AVENUE  
PORT ST. LUCIE, FL 34952 US

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

TORRES, LORI R  
60 SOUTH SEWALLS POINT RD  
STUART, FL 34996 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

02/07/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TORRES, LORI R  
Address: 60 SOUTH SEWALLS POINT ROAD  
City-St-Zip: STUART, FL 34996 US

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: LORI RENEE TORRES

MGRM

02/07/2012

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