

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000095179

FILED
Mar 22, 2011
Secretary of State

Entity Name: LIVING WATERS THERAPY LLC

Current Principal Place of Business:

9656 NW 7TH CIRCLE
1815
PLANTATION, FL 33324

New Principal Place of Business:

9617 NW 7TH CIRCLE
329
PLANTATION, FL 33324

Current Mailing Address:

9656 NW 7TH CIRCLE
1815
PLANTATION, FL 33324

New Mailing Address:

9617 NW 7TH CIRCLE
329
PLANTATION, FL 33324

FEI Number: 27-3451697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, CHRISHAWNTA D
9656 NW 7TH CIRCLE
1815
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

AUSTIN, CHRISHAWNTA D
9617 NW 7TH CIRCLE
329
PLANTATION, FL 33324 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: DR.CHRISHAWNTA AUSTIN, DPT

03/22/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: AUSTIN, DR.CHRISHAWNTA D DPT
Address: 9617 NW 7TH CIRCLE
City-St-Zip: PLANTATION, FL 33324

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: CHRISHAWNTA AUSTIN

DR.

03/22/2011

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