

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000095179

FILED
Oct 05, 2011
Secretary of State

Entity Name: LIVING WATERS THERAPY LLC

Current Principal Place of Business:

9617 NW 7TH CIRCLE
329
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

9617 NW 7TH CIRCLE
329
PLANTATION, FL 33324

New Mailing Address:

PO BOX 172361
HIALEAH, FL 33017

FEI Number: 27-3451697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUSTIN, CHRISHAWN T A D
9617 NW 7TH CIRCLE
329
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

TEACHING CARE OPTIONS
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: R.CARRINGTON-SMITH,LPN,RMA,AHI,AHAI,PT

10/05/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: AUSTIN, DR.CHRISHAWN T A D DPT
Address: 9617 NW 7TH CIRCLE
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: CARRINGTON SMITH, RASHIKA RMA,AHI
Address: PO BOX 172361
City-St-Zip: HIALEAH, FL 33017

Title: CEO
Name: CARRINGTON SMITH, RASHIKA,LPN AHAI,PT
Address: PO BOX 172361
City-St-Zip: HIALEAH, FL 33017

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: RCARRINGTON SMITH LPN,RMA,AHI,AHAI,PT

MGRM

10/05/2011

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