2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2012
Secretary of State

DOCUMENT# L10000095179

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:

PO BOX 172361
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 27-3451697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TEACHING CARE OPTIONS
9617 NW 7TH CIRCLE
329
PLANTATION, FL 33324 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: 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 Statues.

SIGNATURE: R.CARRINGTON CEO 02/03/2012

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