

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000104384

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** ROBERTS THERAPY SOLUTIONS, LLC

**Current Principal Place of Business:**

11455 NW FORD FARM TRAIL  
BRISTOL, FL 32321

**New Principal Place of Business:**

**Current Mailing Address:**

11455 NW FORD FARM TRAIL  
BRISTOL, FL 32321

**New Mailing Address:**

FEI Number: 61-1630235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, STEPHENIE  
11455 NW FORD FARM TRAIL  
BRISTOL, FL 32321 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: ROBERTS, STEPHENIE  
Address: 11455 NW FORD FARM TRAIL  
City-St-Zip: BRISTOL, FL 32321

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: STEPHENIE ROBERTS

MGR

01/04/2012

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