

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000006430

**Entity Name:** NEW TRANSITION THERAPY LLC

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

801 WEST BAY DR  
STE 412  
LARGO, FL 33770

**New Principal Place of Business:**

447 3RD AVE N  
STE 210  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

201 W HAYA ST  
TAMPA, FL 33603

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BYRNES, TRISTAN W  
801 WEST BAY DR  
STE 412  
LARGO, FL 33770 US

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

BYRNES, TRISTAN W  
447 3RD AVE N  
STE 210  
ST PETERSBURG, FL 33701 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: TRISTAN W BYRNES

01/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BYRNES, TRISTAN W  
Address: 201 W HAYA ST  
City-St-Zip: TAMPA, FL 33603

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: TRISTAN W BYRNES

MGR

01/13/2012

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