

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000037011

Entity Name: RESALE THERAPY LLC

FILED
Apr 25, 2012
Secretary of State

Current Principal Place of Business:

7143 HAWKS VIEW TR
PORT ST LUCIE, FL 34986 32

New Principal Place of Business:

4590 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33418 32

Current Mailing Address:

7143 HAWKS VIEW TR
PORT ST LUCIE, FL 34986 32

New Mailing Address:

FEI Number: 45-1286185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINER, SUSAN I
328 SW OTTER RUN PL
STUART, FL 34997 US

Name and Address of New Registered Agent:

LYONS, ELIZABETH A
7143 HAWKS VIEW TRAIL
PORT ST LUCIE, FL 34986 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: ELIZABETH A. LYONS

04/25/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LYONS, ELIZABETH
Address: 7143 HAWKS VIEW TR
City-St-Zip: PORT ST LUCIE, FL 34986 US

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: ELIZABETH A. LYONS

MGRM

04/25/2012

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