

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000071866

Entity Name: GROW THERAPEUTICS, LLC

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

140 TONINA COVE  
SUITE 100  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

15420 LIVINGSTON AVE #2906  
LUTZ, FL 33559 US

**New Mailing Address:**

1255 MARINA POINT  
APT. 205  
CASSELBERRY, FL 32707 US

FEI Number: 45-2579186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, ERIN E  
15420 LIVINGSTON AVE #2906  
LUTZ, FL 33559 US

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

DAVIS, ERIN E  
1255 MARINA POINT  
APT. 205  
CASSELBERRY, FL 32707 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:

02/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DAVIS, ERIN E  
Address: 1255 MARINA POINT APT. 205  
City-St-Zip: CASSELBERRY, FL 32707 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: ERIN ELIZABETH DAVIS

MGRM

02/11/2012

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