

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000103500

Entity Name: THAIRAPY LLC

FILED
Apr 18, 2012
Secretary of State

Current Principal Place of Business:

6940 PENZANCE BLVD
FT MYERS, FL 33966 US

New Principal Place of Business:

9140 W COLLEGE POINTE DR
1 & 2
FT MYERS, FL 33919 US

Current Mailing Address:

6940 PENZANCE BLVD
FT MYERS, FL 33966 US

New Mailing Address:

FEI Number: 45-3203239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANDY, AIMEE L
6940 PENZANCE BLVD
FT MYERS, FL 33966 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: HANDY, AIMEE L
Address: 6940 PENZANCE BLVD
City-St-Zip: FT MYERS, FL 33966 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: AIMEE L. HANDY

MGR

04/18/2012

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