

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004161

FILED
Apr 14, 2009
Secretary of State

Entity Name: TALLAHASSEE THERAPEUTIC HEALING CENTER, L.L.C.

Current Principal Place of Business:

1989 CAPITAL CIRCLE NE., STE. 9
TALLAHASSEE, FL 32308

New Principal Place of Business:

227 E. 6TH AVE.
TALLAHASSEE, FL 32303

Current Mailing Address:

1989 CAPITAL CIRCLE NE., STE. 9
TALLAHASSEE, FL 32308

New Mailing Address:

227 E. 6TH AVE.,
TALLAHASSEE, FL 32303

FEI Number: 20-8846818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESHARD, BRENDA
1989 CAPITAL CIRCLE NE., STE. 9
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

RESHARD, BRENDA
227 E. 6TH AVE.
TALLAHASSEE, FL 32303 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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RESHARD, BRENDA
Address: 8934 RESHARD LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: RESHARD, LLOYD
Address: 8934 RESHARD LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: RESHARD, CLINTON
Address: 8934 RESHARD LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: MCCLAM, COBY
Address: 8934 RESHARD LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LLOYD RESHARD

MGRM

04/14/2009

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