

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000102350

Entity Name: 3D THERAPY LLC

Current Principal Place of Business:

20025 NW 80 AVE
HIALEAH, FL 33015

Current Mailing Address:

20025 NW 80 AVE
HIALEAH, FL 33015

FEI Number: 27-3572914

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTOS, MARYORY
20025 NW 80 AVE
HIALEAH, FL 33015 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name SANTOS, MARYORY
Address 20025 NW 80 AVE
City-State-Zip: HIALEAH FL 33015

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARYORY SANTOS

MGR

05/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date