

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000024893

Entity Name: SYMPTOM REWIND, LLC

Current Principal Place of Business:

9528 TREE TOPS LAKE ROAD
TAMPA, FL 33626

Current Mailing Address:

9528 TREE TOPS LAKE ROAD
TAMPA, FL 33626

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAMULSKI, JACQUELINE
9528 TREE TOPS LAKE ROAD
TAMPA, FL 33626 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 TAMULSKI, JACQUELINE
Address 9528 TREE TOPS LAKE ROAD
City-State-Zip: TAMPA FL 33626

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: JACQUELINETAMULSKI

MGR

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date