

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000055432

Entity Name: THERABOD SOLUTIONS LLC

Current Principal Place of Business:

23235 SW 113 CT
HOMESTEAD, FL 33032

Current Mailing Address:

23235 SW 113 CT
HOMESTEAD, FL 33032 US

FEI Number: 46-3644053

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUILLEN, MILAGROS
23235 SW 113 CT
HOMESTEAD, FL 33032 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 MGRM
Name GUILLEN, MILAGROS
Address 23235 SW 113 CT
City-State-Zip: HOMESTEAD FL 33032

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: MILAGROS GUILLEN

MGRM

02/25/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date