

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044717

FILED
Sep 06, 2005
Secretary of State

Entity Name: ATLANTIS THERAPEUTIC MASSAGE, L.L.C.

Current Principal Place of Business:

4219 7TH STREET WEST
LEHIGH ACRES, FL 33971

New Principal Place of Business:

3949 EVANS AVE
SUITE 108
FORT MYERS, FL 33901

Current Mailing Address:

PO BOX 61559
FT MYERS, FL 33906

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASTILLO, SANDRA V
4219 7TH STREET WEST
LEHIGH ACRES, FL 33971 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CASTILLO, SANDRA V
Address: 4219 7TH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

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

Title: MGRM (X) Delete
Name: MATHENY, AMY R
Address: 3645 WINKLER AVE APT #1712
City-St-Zip: FORT MYERS, FL 33916

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA V CASTILLO

MGRM

09/06/2005

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