

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006255

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** A MATTER OF TOUCH MASSAGE & WELLNESS CENTER LLC

**Current Principal Place of Business:**

6251 NW 15TH STREET  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

6251 NW 15TH STREET  
MARGATE, FL 33063 US

**New Mailing Address:**

FEI Number: 54-2191573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PERILLO, KATHRYN M  
6251 NW 15TH STREET  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

HOLCOMB, KATHRYN M  
6251 NW 15TH STREET  
MARGATE, FL 33063 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: KATHRYN M HOLCOMB

04/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOLCOMB, KATHRYN M  
Address: 6251 NW 15TH STREET  
City-St-Zip: MARGATE, FL 33063 US

I hereby 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: KATHRYN M HOLCOMB

MGRM

04/11/2012

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