

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 27, 2009  
Secretary of State**

DOCUMENT# L08000087061

**Entity Name:** FRANCINE KIM MOCERI MASSAGE THERAPIST AND HYPNOTHERAPIST , LLC

**Current Principal Place of Business:**

2741 SOUTH RIDGEWOOD AVE  
SOUTH DAYTONA, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

5935 KENDREW DR  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired ( )**  
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:**

MOCERI, FRANCINE  
5935 KENDREW DR  
PORT ORANGE, FL 32127 US

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

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:**

Title: MGRM ( ) Delete  
Name: MOCERI, FRANCINE  
Address: 5935 KENDREW DR  
City-St-Zip: PORT ORANGE, FL 32127 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANCINE KIM MOCERI

MGR

08/27/2009

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