

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092586

Entity Name: MENARD MASSAGE LLC.

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

8104 N.W. 17TH MANOR  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

8104 N.W. 17TH MANOR  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number: 94-3447600      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGR      ( ) Delete  
Name: MENARD, STEVEN  
Address: 8104 N.W. 17TH MANOR  
City-St-Zip: PLANTATION, FL 33322

Title: MGR      ( ) Delete  
Name: MENARD, JOHANNA  
Address: 8104 N.W. 17TH MANOR  
City-St-Zip: PLANTATION, FL 33322

Title: S      ( ) Delete  
Name: MENARD, STEVEN  
Address: 8104 N.W. 17TH MANOR  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES:**

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

Title: MGR      (X) Change ( ) Addition  
Name: MENARD, JOANNA  
Address: 8104 N.W. 17TH MANOR  
City-St-Zip: PLANTATION, FL 33322

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: JOANNA MENARD

MGR

05/01/2009

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