

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000095674

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA CAREER SCHOOL OF MASSAGE AND BODY WORK, LLC

**Current Principal Place of Business:**

2727 OLD WINTER GARDEN ROAD  
OCOEE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2727 OLD WINTER GARDEN ROAD  
OCOEE, FL 34761 US

**New Mailing Address:**

FEI Number: 27-1049236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOYER, SHANNON L SR.  
2702 REW CIRCLE  
SUITE A  
OCOEE, FL 34761 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  
Name: SOKOL, CONNIE L  
Address: 2727 OLD WINTER GARDEN ROAD  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM  
Name: BOYER, SHANNON L SR.  
Address: 2702 REW CIRCLE SUITE A  
City-St-Zip: OCOEE, FL 34761 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: SHANNON L. BOYER

MGRM

02/24/2010

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