

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000095235

**Entity Name:** TREASURE COAST MASSAGE THERAPY LLC

**Current Principal Place of Business:**

741 SEBASTIAN BLVD SUITE 4  
SEBASTIAN, FL 32958

**Current Mailing Address:**

331 BELFAST TER  
SEBASTIAN, FL 32958 US

**FEI Number:** 45-3122491

**Certificate of Status Desired:** No

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

BORDEN, CARLEE M  
331 BELFAST TER  
SEBASTIAN, FL 32958 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	BORDEN, CARLEE M	Name	BORDEN, TIMOTHY F
Address	331 BELFAST TER	Address	331 BELFAST TER
City-State-Zip:	SEBASTIAN FL 32958	City-State-Zip:	SEBASTIAN FL 32958

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLEE BORDEN

MGRM

03/31/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date