

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000058006

**Entity Name:** TOTALE MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

15100 HUTCHISON RD  
107  
TAMPA, FL 33625

**Current Mailing Address:**

15100 HUTCHISON RD  
107  
TAMPA, FL 33625

**FEI Number:** 45-5171338

**Certificate of Status Desired:** No

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

MASSAD, ANDREW  
16804 STANZA CT  
TAMPA, FL 33624 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  
Name MASSAD, ANDREW  
Address 16804 STANZA CT  
City-State-Zip: TAMPA FL 33624

Title MGRM  
Name MASSAD, MARIE  
Address 16804 STANZA CT  
City-State-Zip: TAMPA FL 33624

*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:** ANDREW MASSAD

**MANAGER**

**03/08/2013**

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

\_\_\_\_\_  
Date