2001	I UNIFORM BUSI	INE22 KEPU	KI (OBF	<u> </u>	• •			
DOCUMENT # L0000004578								
LINDA MITCHELL MASSAGE THERAPY, LLC					FILED			
Principal Place of Business Mailing Address					01 JAN 25 AM 11: 58			
7646 S TAMIAMI TRAIL SARASOTA FL 34231 SARASOTA FL 34231					SECRETARY DE STATE TALLAHASSEE, FLORIDA			
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2. Principal P	Place of Business	3. Mailing Address			T TORRINGIA DIA BODIA DDIAL DDIAL BERIA DDIAL DORRE DDIAL BRADI DIALI (BODE IDAL EDDI. Taringia			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI N 65 -	FEI Number 55 -/00   555  Not Applicable			
Zip	Country	Zip	Country		5. Certificate of Status Desired Status Desired Fee Required			
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
MITCHELL, LINDA (MGRM)				,				
	AMIAMI TRAIL MER )		Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
SARASO	TA FL 34231				•			
		•	City	FL Zip Code			e	
8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE								
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State								
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHANGES			
TITLE .		☐ Delete	TITLE	OWNER	ritcHeLL C	☐ Change	Addition	
NAME Street Address			NAME STREET ADDRESS	ADDRESS 1935 LIVINGS TONE ST (MGRM) 1-ZIP SARASOTA FL 34231 (MGR)				
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NAME		∟ Delete	NAME	·		- Change	Addition	
STREET ADDRESS			STREET ADDRESS				}	
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for	the exemption state	ed in Section 1197	17(3)(i) Florida Statutes I further co	rtify that the in	oformation	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature 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 artrustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
- Land And And And Hell I 15-01 (all any 11742)								
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date								