2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2011
Secretary of State

DOCUMENT# L01000004040

Entity Name: THERAPEUTIC MASSAGE CENTER, LLC

Current Principal Place of Business:

13120 WESTLINKS TERRACE
UNIT 9
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

13120 WESTLINKS TERRACE
UNIT 9
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 80-0124440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASKE, TAMMY N
2246 OXFORD RIDGE CIRCLE
LEHIGH ACRES, FL 33973 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
Name: KASKE, TAMMY
Address: 2246 OXFORD RIDGE CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33973

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 Statues.

SIGNATURE: TAMMY N. KASKE OWNE 03/10/2011

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