

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004040

FILED
Apr 10, 2012
Secretary of State

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 Statutes.

SIGNATURE: TAMMY KASKE

MGR

04/10/2012

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