

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006049

FILED
Apr 26, 2004
Secretary of State

Entity Name: HANDS DOWN MASSAGE THERAPY, LLC

Current Principal Place of Business:

5524 17TH AVE N
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

5524 17TH AVE N
SAINT PETERSBURG, FL 33710

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TOWSE, ANGUS J
5524 17TH AVE N
SAINT PETERSBURG, FL 33710

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/MEMBERS:

Title: MGRM () Delete
Name: TPWSE, ANGUS J
Address: 5524 17TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: MGRM () Delete
Name: BERNSTEIN, RACHEL L
Address: 5524 17TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TOWSE, ANGUS J
Address: 5524 17TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGUS J. TOWSE

MGRM

04/26/2004

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