

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90695 004 ****50.00

0035729

DOCUMENT # L02000006049

1. Entity Name

HANDS DOWN MASSAGE THERAPY, LLC



Principal Place of Business

3375 34TH STREET N., SUITE D
ST. PETERSBURG FL 33713

Mailing Address

3375 34TH STREET N., SUITE D
ST. PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5524-17th Ave N.

Suite, Apt. #, etc.

5524-17th Ave N.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33710

Country

Pinellas

Zip

33710

Country

Pinellas



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWSE, ANGUS J

3375 34TH STREET N., SUITE D
ST. PETERSBURG FL 33713

Name

Street Address (P.O. Box Number is Not Acceptable)

5524-17th Ave N.

City

St. Petersburg

FL

Zip Code

33710

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Angus J. Towse MGRM

5/1/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Angus J. Towse
5524-17th Ave N.
St. Petersburg, FL 33710

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Rachel L. Bernstein
5524-17th Ave N.
St. Petersburg, FL 33710

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/03 (727) 341-0186

Date

Daytime Phone #

CR2E083 (10/02)