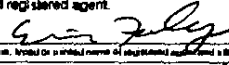
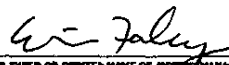


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2003 APR 17 PM 1:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000010912			
1. Entity Name MOBILE MASSAGE THERAPY, L.L.C.			
Principal Place of Business 705 GITTINGS AVENUE BALTIMORE, MD 21212 US		Mailing Address 705 GITTINGS AVENUE BALTIMORE, MD 21212 US	
2. Principal Place of Business 104 2nd Street		3. Mailing Address 104 2nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Belleair Beach, FL		City & State Belleair Beach, FL	
Zip 33786	Country USA	Zip 33786	Country USA
4. FEI Number N/A		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		55.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAND, MICHAEL J 63 PALMETTO DRIVE KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name Erin Foley Street Address (P.O. Box Number is Not Acceptable) 104 2nd Street City Belleair Beach FL Zip Code 33786	
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  Erin Foley DATE 4/14/03 (Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's language should reflect the jurisdiction.)			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOLEY, ERINE 705 GITTINGS AVENUE BALTIMORE, MD 21212	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10. ADDITIONS/CHANGES		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Erin Foley 104 2nd Street Belleair Beach, FL 33786	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	40001622881	☐ Change ☐ Addition	
04/17/03--01094--020		**60.00	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 860, Florida Statutes. SIGNATURE:  Erin Foley DATE 4/14/03 727-215-3289 SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CORP2003 (10/02)