

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016761

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** BEACH THERAPEUTIC MASSAGE, LLC

**Current Principal Place of Business:**

5924 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

5924 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

**FEI Number:** 01-0736828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GINIGER, JILL  
5924 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 US

**Name and Address of New Registered Agent:**

GINIGER, JILL  
110 PALM CROSSING BLVD.  
PANAMA CITY BEACH, FL 32408 US

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: \_\_\_\_\_

02/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: GINIGER, JILL OWNER  
Address: 110 PALM CROSSING BLVD.  
City-St-Zip: PANAMA CITY, FL 32408

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: JILL GINIGER

P

02/10/2010

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