

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90558 006 ****50.00

DOCUMENT # L02000026564

1. Entity Name
ROGER'S MASSAGE THERAPY CLINIC, LLC



Principal Place of Business
**108 ROBIN ROAD, SUITE 2004
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**108 ROBIN ROAD, SUITE 2004
ALTAMONTE SPRINGS, FL 32701**

24030045



2. Principal Place of Business
673 Veneer Drive

3. Mailing Address
673 Veneer Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252004 Chg-LLC CR2E083 (10/03)

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

4. FEI Number
54-2078926

Applied For
Not Applicable

Zip
32714

Country
USA

Zip
32714

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HODGES, GEORGE
585 SOUTH CR-427, SUITE 121
LONGWOOD, FL 32750-5462**

7. Name and Address of New Registered Agent

Name
Roger Corrales

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

City **Altamonte Springs** **FL** Zip Code **32714**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CORRALES, ROGER
108 ROBIN ROAD, SUITE 2004
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**673 Veneer Drive
Altamonte Springs, FL 32701** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

3-26/04

(407)

623-0273