2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90010 028 ****55.00

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07062005 Chg-LLC CR2E083 (10/03)

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

Principal Place of Business	Mailing Address
673 VENEER DRIVE ALTAMONTE SPRINGS, FL 32714	673 VENEER DRIVE ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business	3. Mailing Address
108 Robin Rd	108 Robin Rd
Suite, Apt. #, etc. Suite 1010	Suite, Apt. #, etc. Suite 1010
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip: 32701-5035 / Country: Seminole	Zip: 32701-5035 / Country: Seminole

4. FEI Number: 54-2078926 — 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
CORRALES, ROGER 673 VENEER DRIVE ALTAMONTE SPRINGS, FL 32714	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — Zip Code

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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CORRALES, ROGER	NAME	
STREET ADDRESS	673 VENEER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: R Corrales ROGER CORRALES / MEMBER 7-12/05 321-439-1361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #