

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026564

FILED  
May 14, 2009  
Secretary of State

**Entity Name:** ROGER'S MASSAGE THERAPY CLINIC, LLC

**Current Principal Place of Business:**

108 ROBIN ROAD  
SUITE 1010  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

108 ROBIN ROAD  
SUITE 1010  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 54-2078926      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORRALES, ROGER  
673 VENEER DRIVE  
ALTAMONTE SPRINGS, FL 32714      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CORRALES, ROGER  
Address: 673 VENEER DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM ( ) Delete  
Name: CORRALES, ANGELA M  
Address: 673 VENEER DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROGER CORRALES

MGR

05/14/2009

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