

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032237

Entity Name: PALM BEACH HEALING MASSAGE, LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

4500 BELVEDERE RD #1  
HAVERHILL, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**  
4500 BELVEDERE RD #1  
HAVERHILL, FL 33415

**New Mailing Address:**

FEI Number: 04-3784088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LIZZA, KELLY  
4500 BELVEDERE ROAD #1  
HAVERHILL, FL 33415 US

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

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: MGRM ( ) Delete  
Name: LIZZA, KELLY  
Address: 4810 DORCHESTER MEWS  
City-St-Zip: WEST PALM BEACH, FL 33415

**ADDITIONS/CHANGES:**

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: KELLY LIZZA

MGRM

04/14/2009

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