

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008303

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** MESSAGE PROFESSIONAL FOR HEALTH LLC

**Current Principal Place of Business:**

2553 WEST 76 STREET, #206  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2553 WEST 76 STREET, #206  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 11-3735160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THEN, GLADYS T  
2553 WEST 76 STREET, #206  
HIALEAH, FL 33016 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: MGR ( ) Delete  
Name: THEN, GLADYS T  
Address: 2553 WEST 76 STREET, #206  
City-St-Zip: HIALEAH, FL 33016

Title: MGR ( ) Delete  
Name: THEN, VANESA  
Address: 800 LAKE SIDE CIRCLE APT 624  
City-St-Zip: LEWISVILLE, TX 75057

**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:** GLADYS THEN

P

04/21/2009

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