## 2006 LIMITED LIABILITY COMPANY

**GNATURE:** 

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

**FILED** ANNUAL REPORT Jan 23, 2006 08:00 AM Secretary of State TOCUMENT # L04000039351 LINCOAST MASSAGE EXCELLENCE LLC inclpal Place of Business Mailing Address 1207 80TH ST S 1207 80TH ST S PETERSBURG, FL 33707 US ST PETERSBURG, FL 33707 01202005 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1169888 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DUNNING, RICHARD A DO NOT WRITE 1207 BOTH ST S TPETERSBURG, FL 33707 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retratating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS MGRM DUNNING, RICHARD A 1207 80TH ST S ST PETERSBURG, FL' 33707 ET AUDRESS DO NOT WRITE IN THIS SPACE <u>্র</u>ে TADDRESS 1-51-ZP Thereby certify that the information supplied indicated on this report is frue and accurate limited liability company of the repoluer or the with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 uster ampowered to execute this report as required by Chapter 608, Florida Statutes.

2006

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