2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 21, 2005 8:00 am
Secretary of State

02-28-2005 90042 029 ****50.00

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01282005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
TOUCH THERAPIES FOR WELLNESS & RELAXATION, LLC

Principal Place of Business	Mailing Address
1334 WHISPERING LANE VENICE, FL 34285	1334 WHISPERING LANE VENICE, FL 34285

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1334 Whispering Lane Suite, Apt. #, etc.
City & State	City & State: Venice, Florida
Zip: / Country:	Zip: 34285 / Country: USA

4. FEI Number 14-1913191 ☐ 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
MOON-POLAKOSKI, BARBARA 1334 WHISPERING LANE VENICE, FL 34285	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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Barbara Moon-Polakoski 1334 Whispering Lane Venice, Florida 34285 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kenneth L. Polakoski 1334 Whispering Lane Venice, Florida 34285 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Barbara Moon-Polakoski 2-3-05 941-228-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #