

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091844

FILED
May 05, 2008
Secretary of State

Entity Name: MY MESSAGE THERAPIST, LLC

Current Principal Place of Business:

2125 ORCHARD DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

2125 ORCHARD DRIVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 41-2190042 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:

FASOLD, SUSAN
2125 ORCHARD DRIVE
APOPKA, FL 32712 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: FASOLD, SUSAN
Address: 2125 ORCHARD DRIVE
City-St-Zip: APOPKA, FL 32712

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: SUSAN C. FASOLD

MS.

05/05/2008

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