

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90344 033 ****50.00

60036842



DOCUMENT # L05000102257 1. Entity Name PARK AVENUE MASSAGE & BODYWORK, LLC					
Principal Place of Business 333 PARK AVENUE STE 2A BOCA GRANDE, FL 33921			Mailing Address PO BOX 1902 BOCA RATON, FL 33921		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4659 Club Drive Suite, Apt. #, etc.			
City & State Port Charlotte FL		City & State Port Charlotte FL		4. FEI Number NOT APPLICABLE	
Zip 33953		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VENZIA, JOHN 333 PARK AVE 2A BOCA GRANDE, FL 33921			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENEZIA, JOHN PO BOX 1902 BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4659 Club Drive Port Charlotte, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			4-13-07 941-286-5492		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		