

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000102777

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** FARAWAY FARM MASSAGE THERAPY LLC

**Current Principal Place of Business:**

3919 SW 21ST STREET  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

11713 SW 8TH AVENUE  
GAINESVILLE, FL 32607 US

**Current Mailing Address:**

3919 SW 21ST STREET  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

11713 SW 8TH AVENUE  
GAINESVILLE, FL 32607 US

**FEI Number:** 20-3676502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OGDEN, RICHARD J  
3919 SW 21ST STREET  
GAINESVILLE, FL 32608 US

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

OGDEN, RICHARD J  
11713 SW 8TH AVENUE  
GAINESVILLE, FL 32607 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: RICHARD J. OGDEN

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OGDEN, RICHARD J  
Address: 11713 SW 8TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32607 US

I hereby 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: RICHARD J. OGDEN

MGR

02/16/2010

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