


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

04-17-2006 90054 015 ****50.00

DOCUMENT # L05000104403			
1. Entity Name LAUREN WOOD MASSAGE THERAPY, LLC			
Principal Place of Business 665 SOUTH ORANGE AVENUE SARASOTA, FL 34236		Mailing Address 1666 FIFTH STREET SARASOTA, FL 34236	
2. Principal Place of Business <i>See above</i>		3. Mailing Address <i>See above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country USA	Zip	Country USA <i>Sarasota</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOOD, LAUREN 1666 FIFTH STREET SARASOTA, FL 34236		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 <i>Lauren Wood</i> <small>Signature of owner or approved (former) registered agent and his or her address.</small>		DATE <i>4/13/06</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LAUREN WOOD, MANAGER <input type="checkbox"/> Delete 1666-5th St Sarasota FL 34236	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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: <i>Lauren Wood</i>		LAUREN L WOOD X manager 4/13/06 5290	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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02232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3680568 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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