# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# L05000104403

**Entity Name:** LAUREN WOOD MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

1490 BLVD OF THE ARTS
SARASOTA, FL 34236

**New Principal Place of Business:**

830 CENTRAL AVENUE
SARASOTA, FL 34236

**Current Mailing Address:**

1666 FIFTH STREET
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number: 20-3680568** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WOOD, LAUREN
1666 FIFTH STREET
SARASOTA, FL 34236 US

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

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: WOOD, LAUREN
Address: 1666 5TH STREET
City-St-Zip: SARASOTA, FL 34236

**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: LAUREN L. WOOD MS. 04/27/2009

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