
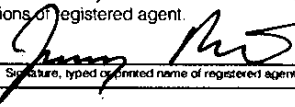
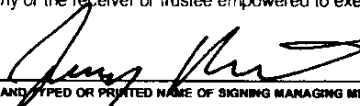


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90048 030 ***138.75

DOCUMENT # L06000001246					
1. Entity Name COAST TO COAST MASSAGE THERAPY LLC					
Principal Place of Business 1419 CHARLES ROAD FORT MYERS, FL 33919 US			Mailing Address 1419 CHARLES ROAD FORT MYERS, FL 33919 US		
2. Principal Place of Business - No P.O. Box # 4212 E. Gator Cir		3. Mailing Address 4212 E. Gator Cir			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cape Coral, FL		City & State Cape Coral, FL		4. FEI Number 20-4059375	
Zip 33909		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MINNICK, JEREMY A 1419 CHARLES ROAD FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name: JEREMY A. MINNICK Street Address (P.O. Box Number is Not Acceptable): 4212 E. Gator Cir. City: CAPE CORAL FL Zip Code: 33909		
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: 			DATE: 1-4-08		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINNICK, JEREMY A 1419 CHARLES ROAD FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4212 E Gator Cir CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 			Date: 1-4-08 Daytime Phone #: 239-671-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					