## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016081

Entity Name: ESSENTIAL MASSAGE, L.L.C.

**FILED** Apr 25, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2735 SANTA BARBARA BLVD., SUITE 201 2735 SANTA BARBARA BLVD. CAPE CORAL, FL 33914

SUITE 201

CAPE CORAL, FL 33914

**Current Mailing Address: New Mailing Address:** 

2735 SANTA BARBARA BLVD., SUITE 201 2735 SANTA BARBARA BLVD. CAPE CORAL, FL 33914 SUITE 201

CAPE CORAL, FL 33914

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

WRIGHT, CHRISTINE F ESQ. 4427 SE 16TH PLACE, #2 CAPE CORAL, FL 33904 US WRIGHT, CHRISTINE F ESQ. 2735 SANTA BARBARA BLVD. SUITE 201 CAPE CORAL, FL 33914 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: CHRISTINE F. WRIGHT, ESQ. 04/25/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: ( ) Change (X) Addition JOHNSON, KATHERINE L MGRM Name: Name: Address: Address: 1217 CAPE CORAL PKWY. E. SUITE 321

City-St-Zip: City-St-Zip: CAPE CORAL, FL 33904

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: KATHERINE L. JOHNSON **MGRM** 04/25/2007