2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# L06000027958

Entity Name: SIGNATURE MASSAGE THERAPY, LLC

Current Principal Place of Business:

12290 S.W. 186TH STREET
MIAMI, FL 331773160

New Principal Place of Business:

12290 S.W. 186TH STREET
MIAMI, FL 331773160 US

Current Mailing Address:

12290 S.W. 186TH STREET
MIAMI, FL 331773160

New Mailing Address:

12290 S.W. 186TH STREET
MIAMI, FL 331773160 US

FEI Number: 20-4506345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCES, CARLOS A
12290 S.W. 186TH STREET
MIAMI, FL 331773160 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: MGRM ( ) Delete
Name: GARCES, CARLOS A
Address: 12290 S.W. 186TH STREET
City-St-Zip: MIAMI, FL 331773160

Title: MGR ( ) Delete
Name: GARCES, FERNANDO
Address: 4530 W. 8TH PL
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CARLOS A. GARCES MGRM 01/10/2009

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