

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054629

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE CENTER 4 MUSCLE RECOVERY, LLC

Current Principal Place of Business:

405 59TH STREET NORTH
ST. PETERSBURG,, FL 33710

New Principal Place of Business:

2429 CENTRAL AVE
207
ST. PETERSBURG,, FL 33713

Current Mailing Address:

405 59TH STREET NORTH
ST. PETERSBURG,, FL 33710

New Mailing Address:

2429 CENTRAL AVE
207
ST. PETERSBURG,, FL 33713

FEI Number: 30-0367630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUHLSTADT, WILLIAM J JR.
405 59TH STREET NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

MUHLSTADT, WILLIAM J JR.
2429 CENTRAL AVE
207
ST. PETERSBURG, FL 33713 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: WILLIAM J MUHLSTADT

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MUHLSTADT, WILLIAM J JR.
Address: 405 59TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MUHLSTADT, WILLIAM J JR.
Address: 2429 CENTRAL AVE
City-St-Zip: ST. PETERSBURG, FL 33713

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: WILLIAM J MUHLSTADT

OWN

04/30/2008

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