# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 19, 2009**
**Secretary of State**

DOCUMENT# L06000056994

**Entity Name:** NEW HORIZONS HYPNOSIS LLC

**Current Principal Place of Business:**

308 CHIPPEWA AVE
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

308 CHIPPEWA AVE
TAMPA, FL 33606

**New Mailing Address:**

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

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

COSTA, JOSEPH F
308 CHIPPEWA AVE
TAMPA, FL 33606 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: DU CHARME, DIANE
Address: 611 FATHOM CT
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: DU CHARME, DIANE
Address: 1418 N. SCOTTSDALE RD. #333
City-St-Zip: SCOTTSDALE, AZ 85257

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: DIANE DUCHARME MM 03/19/2009

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