


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000060548 1. Entity Name LINDA'S MASSAGE & WELLNESS, LLC	
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Principal Place of Business 7 FLORIDA PARK DRIVE NORTH STE G, PAVILION OFFICE BUILDING PALM COAST, FL 32137	Mailing Address 7 FLORIDA PARK DRIVE NORTH STE G, PAVILION OFFICE BUILDING PALM COAST, FL 32137
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HELLMAN, LINDA G
7 FLORIDA PARK DRIVE NORTH
STE G, PAVILION OFFICE BUILDING
PALM COAST, FL 32137**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000896035
04/24/08-80092-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELLMAN, LINDA G 3 FLAGSHIP DRIVE PALM COAST, FL 32137
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IN THIS SPACE**

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:  **L.G. Hellman** **04-11-08 3864461995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #