

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060548

FILED
Apr 16, 2009
Secretary of State

Entity Name: LINDA'S MASSAGE & WELLNESS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

3 FLAGSHIP DRIVE
PALM COAST, FL 32137

Current Mailing Address:

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

New Mailing Address:

3 FLAGSHIP DRIVE
PALM COAST, FL 32137

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HELLMAN, LINDA G
3 FLAGSHIP DRIVE
PALM COAST, FL 32137 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: _____

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HELLMAN, LINDA G
Address: 3 FLAGSHIP DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

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: LINDA G. HELLMAN

MGR.

04/16/2009

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