2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # L06000075404** 04-16-2007 90348 043 ****50.00 RONDA PANUCCI MASSAGE, LLC Principal Place of Business Mailing Address 1078 S. FERDON BLVD., SUITE A P.O. BOX 204 60037032 CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For <u> 51-05953</u>73 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANUCCI, RONDA Street Address (P.O. Box Number is Not Acceptable) 2824 LAKE SILVER ROAD CRESTVIEW, FL 32536 Zip Code 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 Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME PANUCCI, RONDA NAME 2824 LAKE SILVER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CRESTVIEW, FL 32536 CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED

FILED