

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090966

FILED  
Aug 27, 2007  
Secretary of State

**Entity Name:** BODY AND SOUL THERAPEUTIC MASSAGE LLC

**Current Principal Place of Business:**

8200 W. HIGHWAY 98  
SUITE D  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

8200 W. HIGHWAY 98  
SUITE D  
PENSACOLA, FL 32506 US

**Current Mailing Address:**

8200 W. HIGHWAY 98  
SUITE D  
PENSACOLA, FL 32501 US

**New Mailing Address:**

8200 W. HIGHWAY 98  
SUITE D  
PENSACOLA, FL 32506 US

**FEI Number:** 03-0605878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

EVANS, CHRISTINE E  
8200 S. HIGHWAY 98  
SUITE D  
PENSACOLA, FL 32501 US

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

EVANS, CHRISTINE E  
8200 S. HIGHWAY 98  
SUITE D  
PENSACOLA, FL 32506 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: CHRISTINE EVANS

08/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EVANS, CHRISTINE E  
Address: 8200 W. HIGHWAY 98, SUITE D  
City-St-Zip: PENSACOLA, FL 32501 US

**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: CHRISTINE EVANS

MGR

08/27/2007

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