

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000095168

Entity Name: FEELRITE HYPNOSIS CENTER LLC

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

710 NORTH 3RD STREET  
SUITE 2  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

P.O. BOX 3635  
PONTE VEDRA BEACH, FL 320043635

**New Principal Place of Business:**

1639 BEACH BLVD  
SUITE 2  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 22-3944024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SUBRAMANIAN, VISWANATHAN  
710 N 3RD ST SUITE 2  
JACKSONVILLE, FL 32250      US

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

SUBRAMANIAN, VISWANATHAN  
100 IRONWOOD DR  
111  
PONTE VEDRA BEACH, FL 32082 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: VISWANATHAN SUBRAMANIAN

03/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SUBRAMANIAN, VISWANATHAN  
Address: 710 NORTH 3RD STREET SUITE 2  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: SUBRAMANIAN, VISWANATHAN  
Address: 100 IRONWOOD DR #111  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: VISWANATHAN SUBRAMANIAN

MGR

03/24/2009

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