

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100968

FILED
Jun 30, 2007
Secretary of State

Entity Name: HYPNOSIS FOR YOU, L.L.C.

Current Principal Place of Business:

4005 NW 114 AVE STE #19
DORAL, FL 33178

New Principal Place of Business:

4005 NW 114 AVE
STE #19
DORAL, FL 33178

Current Mailing Address:

4005 NW 114 AVE STE #19
DORAL, FL 33178

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

PAREDES, DORYS
4005 NW 114 AVE STE #19
DORAL, FL 33178 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: PAREDES, DORYS
Address: 4005 NW 114 AVE STE #19
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: CASTILLO, PEDRO
Address: 4005 NW 114 AVE STE #19
City-St-Zip: DORAL, FL 33178

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: DORYS PAREDES

MAGR

06/30/2007

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