

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020468

FILED
Mar 11, 2008
Secretary of State

Entity Name: HEALING ARTS SCHOOL OF MASSAGE LLC

Current Principal Place of Business:

29546 STATE ROAD 54
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

5801 ARGERIAN DRIVE
SUITE 101
WESLEY CHAPEL, FL 33545 US

Current Mailing Address:

29546 STATE ROAD 54
WESLEY CHAPEL, FL 33543

New Mailing Address:

5801 ARGERIAN DRIVE
SUITE 101
WESLEY CHAPEL, FL 33545 US

FEI Number: 20-8529539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PADGETT BUSINESS SERVICES
2816 WINDGUARD CIRCLE
SUITE # 102
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: BATES, RICHARD J
Address: 29546 STATE ROAD 54
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BATES, RICHARD J
Address: 5801 ARGERIAN DRIVE, SUITE 101
City-St-Zip: WESLEY CHAPEL, FL 33545

Title: MGRM () Change (X) Addition
Name: BATES, ILIANA
Address: 5801 ARGERIAN DRIVE, SUITE 101
City-St-Zip: WESLEY CHAPEL, FL 33545

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: RICK BATES

MGRM

03/11/2008

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