

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055559

FILED
Jun 19, 2009
Secretary of State

Entity Name: APEX CLINICAL MASSAGE LLC

Current Principal Place of Business:

890 CAPRI AVENUE
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

890 CAPRI AVENUE
SAINT AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: ☐ **FEI Number Applied For ()** ☐ **FEI Number Not Applicable (X)** ☐ **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:

SCHWADRON, PATRICIA A
890 CAPRI AVE.
SAINT AUGUSTINE, FL 32086 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:

Title: MGR ☐ **Delete**
Name: SCHWADRON, PATRICIA A
Address: 890 CAPRI AVE.
City-St-Zip: ST. AUGUSTINE, FL 32086 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: PATRICIA A SCHWADRON

MGR

06/19/2009

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