

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000066891

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** DRAGIN TIGER MASSAGE LLC

**Current Principal Place of Business:**

2593 NELSON STREET  
AUBURNDALE, FL 338234816

**New Principal Place of Business:**

2593 NELSON STREET  
AUBURNDALE, FL 33823

**Current Mailing Address:**

2593 NELSON STREET  
AUBURNDALE, FL 33823 US

**New Mailing Address:**

**FEI Number:** 26-0490208      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MIKKELSEN, PENNY K  
2593 NELSON STREET  
AUBURNDALE, FL 33823 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  
**Name:** MIKKELSEN, LARS  
**Address:** 2593 NELSON STREET  
**City-St-Zip:** AUBURNDALE, FL 33823

**Title:** MGRM  
**Name:** MIKKELSEN, PENNY  
**Address:** 2593 NELSON STREET  
**City-St-Zip:** AUBURNDALE, FL 33823

I hereby 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: PENNY K MIKKELSEN

MGRM

02/11/2012

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