

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072468

FILED
Apr 30, 2009
Secretary of State

Entity Name: BODY & SOUL MASSAGE AND WELLNESS CENTER

Current Principal Place of Business:

5131 S. FLORIDA AVE
SUITE 7 & 8
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5131 S. FLORIDA AVE
SUITE 7 & 8
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 26-0611603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEASLEY, BARBARA
1135 COLONY ARMS DR
LAKELAND, FL 33813 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: SIEBER, DEBBIE A
Address: 5584 SUMMERLAND HILLS CIRCLE
City-St-Zip: LAKELAND, FL 33812

Title: MGRM () Delete
Name: BEASLEY, BARBARA A
Address: 1135 COLONY ARMS DR
City-St-Zip: LAKELAND, FL 33813

Title: MGRM (X) Delete
Name: NOWAK, KATHLEEN E
Address: 1135 COLONY ARMS DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOWAK, KATHLEEN E
Address: 1135 COLONY ARMS DR
City-St-Zip: LAKELAND, FL 33813

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

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: BARBARA BEASLEY

MGRM

04/30/2009

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