## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED May 30, 2008 8:00 am Secretary of State

DOCUMENT # L07000080405  1. Entity Name ADVANCED MASSAGE OF PGA, LLC						03-03-20	08 90029 047 **	····138./3		
1098 RAINTE	e of Business REE COURT 1 Gardens, FL 33410 US	T S, FL 33	3410 US	JUUV~~~						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302008	Chg-LLC	CR2E083 (12/06)				
City & State	е	City & State		4. FEI Numb		Ar	oplied For			
Zip	Country	Zip	Coun	lry	5. Certificate	Not Applicable     S. Certificate of Status Desired		itional		
	B. Name and Address of Current I	Registered Agent	L	<u> </u>	7. Name and	Address of New R	Fee Require			
				Name				•		
CRAWFORD, THOMAS C SR 908 LAKESHORE DR LAKE PARK, FL 33403				Street Address	Street Address (P.O. Box Number is Not Acceptable)					
}				City			FL Zip Cod	θ		
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. Fam familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed harms of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating)  DATE										
	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				a check payable to Department of State	•				
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0.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
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I nereby certify that the information supplied with this ising does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as I imade 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: Mury E.	Kroner	Mary E. Kramer	4/30/08	
	IGNATURE AND TYPEO'OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			