

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084783

FILED
Jan 11, 2008
Secretary of State

Entity Name: ALTAMONTE MOBILE MASSAGE, LLC

Current Principal Place of Business:

790 Balsa Drive
Altamonte Springs, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

790 Balsa Drive
Altamonte Springs, FL 32714 US

New Mailing Address:

FEI Number: 26-0770083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Lisa M. Buschlen
790 Balsa Drive
Altamonte Springs, FL 32714 US

Name and Address of New Registered Agent:

Buschlen, Lisa M Owner
790 Balsa Drive
Altamonte Springs, FL 32714 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: LISA M. BUSCHLEN

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUSCHLEN, LISA M
Address: 790 Balsa Drive
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: LISA M. BUSCHLEN

MGRM

01/11/2008

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