

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101101

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** REJUVENATIONS THERAPEUTIC MASSAGE, L.L.C.

**Current Principal Place of Business:**

1832 MOSS CREEK DRIVE  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

328 MILWAUKEE AVENUE  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1832 MOSS CREEK DRIVE  
ORANGE PARK, FL 32003

**New Mailing Address:**

2653 S. PALOMA AVE  
YUMA, AZ 85365

**FEI Number:** 26-1157589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARMBRUSTER, MICHAEL W  
1832 MOSS CREEK DRIVE  
ORANGE PARK, FL 32003 US

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

ARMBRUSTER, MICHAEL W  
328 MILWAUKEE AVENUE  
ORANGE PARK, FL 32073 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:

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ARMBRUSTER, MICHAEL W  
Address: 2653 S. PALOMA AVE  
City-St-Zip: YUMA, AZ 85365

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: MICHAEL W. ARMBRUSTER

MGR

04/30/2010

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