

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000104586

FILED
Jul 06, 2009
Secretary of State**Entity Name:** THERASAGE, LLC**Current Principal Place of Business:**21000 BOCA RIO ROAD
STE A 21 C
BOCA RATON, FL 33433**New Principal Place of Business:****Current Mailing Address:**21000 BOCA RIO ROAD
STE A 21 C
BOCA RATON, FL 33433**New Mailing Address:****FEI Number:** 26-1243965**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BESNER, MELODY
9736 VIA EMILIE
BOCA RATON, FL 33428 US**Name and Address of New Registered Agent:**BESNER, MELODY
21000 BOCA RIO ROAD
STE A 21 C
BOCA RATON, FL 33428 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:

07/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: BESNER, MELODY
Address: 9736 VIA EMILIE
City-St-Zip: BOCA RATON, FL 33428 US**Title:** MGRM () Delete
Name: BESNER, ROBERT A
Address: 9736 VIA EMILIE
City-St-Zip: BOCA RATON, FL 33428 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: BESNER, MELODY
Address: 21000 BOCA RIO ROAD
City-St-Zip: BOCA RATON, FL 33433 US**Title:** MGRM (X) Change () Addition
Name: BESNER, ROBERT A
Address: 21000 BOCA RIO ROAD
City-St-Zip: BOCA RATON, FL 33433 US

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: MELODY BESNER

MGRM

07/06/2009

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