

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000104586

FILED
Sep 21, 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
21000 BOCA RIO ROAD
STE A 21 C
BOCA RATON, FL 33428 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: BESNER, MELODY
Address: 21000 BOCA RIO ROAD
City-St-Zip: BOCA RATON, FL 33433 US**Title:** MGRM () Delete
Name: BESNER, ROBERT A
Address: 21000 BOCA RIO ROAD
City-St-Zip: BOCA RATON, FL 33433 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR (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

09/21/2009

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