2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L07000107355

Entity Name: SOUTHERN TOUCH THERAPEUTIC MASSAGE CENTER, LLC

Current Principal Place of Business:

401 CAROLINA DRIVE
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

401 CAROLINA DRIVE
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 30-0458791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REED, SHEILA R MRS.
401 CAROLINA DRIVE
PENSACOLA, FL 32534 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: MRS. ( ) Delete
Name: REED, SHEILA R
Address: 401 CAROLINA DRIVE
City-St-Zip: PENSACOLA, FL 32534

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: SHEILA R. REED MRS. 04/07/2009

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