

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116250

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** TIME OUT FITNESS & THERAPEUTIC MASSAGE LLC

**Current Principal Place of Business:**

736 BRIARWOOD COURT  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

736 BRIARWOOD COURT  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 83-0500128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COCHRAN, DEBRA  
736 BRIARWOOD COURT  
ORANGE CITY, FL 32763 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: MGR ( ) Delete  
Name: COCHRAN, DEBRA  
Address: 736 BRIARWOOD COURT  
City-St-Zip: ORANGE CITY, FL 32763

Title: MGR ( ) Delete  
Name: OHLAND, NICOLE  
Address: 2001 GALVESTON AVENUE  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEBRA A COCHRAN

MGR

03/20/2009

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