2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# L08000018788

Entity Name: TOTAL HEALTH MASSAGE AND BODYWORKS, LLC

Current Principal Place of Business:

301 SUDDUTH CIR
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

301 SUDDUTH CIR
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 26-2066096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHIDEMANTLE, STACY R
301 SUDDUTH CIR
FT WALTON BEACH, FL 32548 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: SHIDEMANTLE, STACY R
Address: 301 SUDDUTH CIR
City-St-Zip: FT WALTON BEACH, FL 32548

Title: MGRM ( ) Delete
Name: BUSH, TARA L
Address: 193 CORAL DR
City-St-Zip: FT WALTON BEACH, FL 32548

Title: MGRM (X) Delete
Name: AHLERS GARCIA, EILEEN R
Address: 217 GILDA PLACE
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WALTERS, MELISSA J
Address: 849 OVERBROOK DRIVE
City-St-Zip: FT WALTON BEACH, FL 32547

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: STACY R. SHIDEMANTLE MGR 03/04/2009

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