

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000046612

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** PEAK PERFORMANCE MESSAGE THERAPY, LLC

**Current Principal Place of Business:**

331 N. MAITLAND AVE. UNIT C-3  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1620 THORNHILL CIRCLE  
OVIEDO, FL 32765

**New Mailing Address:**

331 N. MAITLAND AVE. UNIT C-3  
MAITLAND, FL 32751

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

RECICAR, MIKE  
1620 THORNHILL CIRCLE  
OVIEDO, FL 32765 US

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

RECICAR, MIKE  
331 N. MAITLAND AVE  
SUITE C-3  
MAITLAND, FL 32751 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:

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RECICAR, MIKE  
Address: 331 N. MAITLAND AVE, SUITE C-3  
City-St-Zip: MAITLAND, FL 32751

I hereby 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: MIKE RECICAR

MGR

03/10/2011

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