

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080545

FILED
Feb 27, 2009
Secretary of State

Entity Name: WEST ORANGE MASSAGE THERAPY, LLC

Current Principal Place of Business:

127 DOE RUN DRIVE
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

60 W PLANT ST
WINTER GARDEN, FL 34787 US

Current Mailing Address:

127 DOE RUN DRIVE
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 26-3220935 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TORNATORE, EMILY
127 DOE RUN DRIVE
WINTER GARDEN, FL 34787 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: TORNATORE, EMILY
Address: 127 DOE RUN DRIVE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGRM () Delete
Name: TOUCH EDUCATION, LLC,
Address: 1616 FINLEY AVE
City-St-Zip: APOPKA, FL 32703 US

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: EMILY TORNATORE

MGRM

02/27/2009

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