

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084486

FILED
Apr 24, 2009
Secretary of State

Entity Name: CLINICAL MASSAGE AND BODYWORK LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1122 OMAHA STREET
PALM HARBOR, FL 34683 US

New Principal Place of Business:

28960 US 19 N
STE. 104
CLEARWATER, FL 33761 US

Current Mailing Address:

PO BOX 574
PALM HARBOR, FL 346820574

New Mailing Address:

28960 US 19 N
STE. 104
CLEARWATER, FL 33761 US

FEI Number: 26-3269130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASH, MICHAEL L
230 N. BAYSHORE BLVD
#201
CLEARWATER, FL 33759 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: CASH, MICHAEL L
Address: 230 N. BAYSHORE BLVD. #201
City-St-Zip: CLEARWATER, FL 33759 US

Title: MGR () Delete
Name: STAPLETON, DIANA
Address: 230 N. BAYSHORE BLVD. #201
City-St-Zip: CLEARWATER, FL 33759 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: MICHAEL L. CASH

MGR

04/24/2009

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