

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084486

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** CLINICAL MASSAGE AND BODYWORK LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
3311 HAVILAND CT.  
#303  
PALM HARBOR, FL 34684 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  
**Name:** CASH, MICHAEL L  
**Address:** 3311 HAVILAND CT. #303  
**City-St-Zip:** PALM HARBOR, FL 34684 US

**Title:** MGR  
**Name:** CASH, DIANA  
**Address:** 3311 HAVILAND CT. #303  
**City-St-Zip:** PALM HARBOR, FL 34684 US

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:** MICHAEL LINDEN CASH

MGR

01/25/2012

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