

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087061

FILED
Apr 27, 2011
Secretary of State

Entity Name: FRANCINE KIM MOCERI MASSAGE THERAPIST AND HYPNOTHERAPIST , LLC

Current Principal Place of Business:

2741 SOUTH RIDGEWOOD AVE
SOUTH DAYTONA, FL 32129 US

New Principal Place of Business:

5935 KENDREW DR
PORT ORANGE, FL 32127 US

Current Mailing Address:

5935 KENDREW DR
PORT ORANGE, FL 32127 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MOCERI, FRANCINE
5935 KENDREW DR
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

MOCERI, FRANCINE K
5935 KENDREW DR
PORT ORANGE, FL 32127 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: FRANCINE K MOCERI

04/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MOCERI, FRANCINE
Address: 5935 KENDREW DR
City-St-Zip: PORT ORANGE, FL 32127 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: FRANCINE K MOCERI

MGRM

04/27/2011

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