

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091651

Entity Name: KINAESTHETICS, LLC

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6519 WEST NEWBERRY ROAD  
909  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

6519 WEST NEWBERRY ROAD  
909  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 20-4205455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVERA, GERARDO M  
6519 WEST NEWBERRY ROAD  
#909  
GAINESVILLE, FL 32605 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  
Name: PICART, CAROLINE J DR.  
Address: 6519 WEST NEWBERRY ROAD #909  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR  
Name: RIVERA, GERARDO  
Address: 6519 WEST NEWBERRY ROAD #909  
City-St-Zip: TALLAHASSEE, FL 32605

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: CAROLINE J PICART

DR

03/16/2010

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