

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101089

FILED
Apr 07, 2009
Secretary of State

Entity Name: HEAVEN'S TOUCH MASSAGE THERAPY LLC

Current Principal Place of Business:

7371 HERITAGE PALMS ESTATES DR
FT MYERS, FL 33966

New Principal Place of Business:

12346 ROCK RIDGE RD.
FT MYERS, FL 33913

Current Mailing Address:

7371 HERITAGE PALMS ESTATES DR
FT MYERS, FL 33966

New Mailing Address:

12346 ROCK RIDGE RD.
FT MYERS, FL 33913

FEI Number: 26-3705567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

MORAN, JOHN D
12346 ROCK RIDGE LANE
FT. MYERS, FL 33913 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: JOHN D. MORAN

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORAN, JOHN
Address: 7371 HERITAGE PALMS ESTATES DR
City-St-Zip: FT MYERS, FL 33966

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORAN, JOHN
Address: 12346 ROCK RIDGE LANE
City-St-Zip: FT MYERS, FL 33913

Title: CEO () Change (X) Addition
Name: MORAN, TRENA R
Address: 12346 ROCK RIDGE LANE
City-St-Zip: FT. MYERS, FL 33913

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: JOHN D. MORAN

MGRM

04/07/2009

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