

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000016617

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** BACK TO BACK MASSAGE THERAPY "LLC"

**Current Principal Place of Business:**

5318 SW 91TERRACE  
SUITE A  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

5318 SW 91TERRACE  
SUITE A  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 26-4285282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REDMAN, PATRICIA M  
3817 SW 93 TERRACE  
GAINESVILLE, FL 32608 US

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

REDMAN, PATRICIA M  
3817 SW 93 TERRACE  
A  
GAINESVILLE, FL 32608 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: PATRICIA REDMAN

01/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: REDMAN, PATRICIA M  
Address: 3817 SW 93 TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

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: PATRICIA REDMAN

MGR

01/13/2010

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