

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017947

Entity Name: HOLISTIC BODYWORK, LLC

**FILED**  
**Jan 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

39 RILEY DRIVE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

2001 CRAWFORDVILLE HWY  
SUITE D  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

39 RILEY DRIVE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

1197 TUMBLEWEED RUN  
TALLAHASSEE, FL 32311

FEI Number: 26-4376331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDERSON, MELANIE R  
39 RILEY DRIVE  
CRAWFORDVILLE, FL 32327 US

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

HANSEN, MELANIE R  
1197 TUMBLEWEED RUN  
TALLAHASSEE, FL 32311 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: MELANIE R. HANSEN

01/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HANSEN, MELANIE R  
Address: 1197 TUMBLEWEED RUN  
City-St-Zip: TALLAHASSEE, FL 32311

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: MELANIE R. HANSEN

MGR

01/17/2010

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