

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000036136

FILED
Apr 26, 2010
Secretary of State

Entity Name: FULL MESSAGE THERAPY SERVICES LLC

Current Principal Place of Business:

1439 SPRING LOOP WAY
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1439 SPRING LOOP WAY
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 26-4669262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOREJON, IDELFONSO
1439 SPRING LOOP WAY
WINTER GARDEN, FL 34787 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: MOREJON, IDELFONSO
Address: 1439 SPRING LOOP WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR
Name: MUJICA, ROSA
Address: 1439 SPRING LOOP WAY
City-St-Zip: WINTWR GARDEN, FL 34787

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: IDELFONSO MOREJON

MGRM

04/26/2010

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