

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000059061

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** MAI KAI MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

4529 HIDDEN SHADOW DRIVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4529 HIDDEN SHADOW DRIVE  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DUFFY, KRISTEN D  
4529 HIDDEN SHADOW DRIVE  
TAMPA, FL 33614 US

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

SCHMIDT, KRISTEN D  
4529 HIDDEN SHADOW DRIVE  
TAMPA, FL 33614 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: KRISTEN DUFFY SCHMIDT

03/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCHMIDT, KRISTEN D  
Address: 4529 HIDDEN SHADOW DRIVE  
City-St-Zip: TAMPA, FL 33614

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: KRISTEN D SCHMIDT

MGR

03/04/2011

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