

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000033215

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** M & O MASSAGE THERAPY SERVICES LLC

**Current Principal Place of Business:**

8045 NW 36 STREET STE. 528  
MIAMI, FL 33166

**New Principal Place of Business:**

8045 NW 36 STREET  
SUITE 528  
MIAMI, FL 33166

**Current Mailing Address:**

8045 NW 36 STREET STE. 528  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 27-2204790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, MAYKEL  
8045 NW 36 STREET STE. 528  
MIAMI, FL 33166 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: HERNANDEZ, MAYKEL  
Address: 16419 SW 73 TERRACE  
City-St-Zip: MIAMI, FL 33193

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: MAYKEL HERNANDEZ

MGRM

04/25/2011

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