

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000035383

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** RIVERS EDGE THERAPEUTIC MASSAGE, LLC

**Current Principal Place of Business:**

1536 NE JENSEN BEACH  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

485 NW SUNFLOWER PL  
JENSEN BEACH, FL 34957

**New Mailing Address:**

**FEI Number:** 27-2220836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGAHA, SARA J MS.  
485 NW SUNFLOWER PL  
JENSEN BEACH, FL 34957 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: MGR  
Name: MCGAHA, SARA J  
Address: 485 NW SUNFLOWER PL  
City-St-Zip: JENSEN BEACH, FL 34957

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: SARA MCGAHA

MS.

02/09/2012

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