

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000050786

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** LAS OLAS MASSAGE & WELLNESS, LLC

**Current Principal Place of Business:**

770 A1A BEACH BLVD.  
UNIT D  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

770 A1A BEACH BLVD.  
UNIT C  
ST. AUGUSTINE, FL 32080 US

**Current Mailing Address:**

502 C STREET  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

FEI Number: 27-2553447      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOBROWSKI, ANNE V  
502 C STREET  
ST. AUGUSTINE, FL 32080 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: BOBROWSKI, ANNE V  
Address: 502 C STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM  
Name: KLING, CRYSTAL R  
Address: 502 C STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: ANNE BOBROWSKI      MGRM      03/02/2011

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