2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L10000064877

Entity Name: CURA HOLISTIC HEALTH AND MASSAGE CENTER LLC

Current Principal Place of Business:

14381 MANCHESTER DR
NAPLES, FL 34101

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9677
NAPLES, FL 341019677

New Mailing Address:

P.O. BOX 9677
NAPLES, FL 34101

FEI Number: 38-3816152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIKOLOV, DARINA
14381 MANCHESTER DR
NAPLES, FL 34101 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: NIKOLOV, DARINA
Address: 14381 MANCHESTER DR
City-St-Zip: NAPLES, FL 34101

Title: MGRM
Name: NIKOLOV, TEOFIL
Address: 14381 MANCHESTER DR
City-St-Zip: NAPLES, FL 34101

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 Statues.

SIGNATURE: TEOFIL NIKOLOV MGRM 04/29/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date