

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000065124

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL MASSAGE MASTERS, L.L.C.

**Current Principal Place of Business:**

1809-2 TOWN CENTER BOULEVARD  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

1809 TOWN CENTER BOULEVARD  
SUITE 2  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1809-2 TOWN CENTER BOULEVARD  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

1809 TOWN CENTER BOULEVARD  
SUITE 2  
FLEMING ISLAND, FL 32003

**FEI Number:** 27-2892696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIBENEDETTO, ARMANDO  
1809-2 TOWN CENTER BOULEVARD  
FLEMING ISLAND, FL 32003 US

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

DIBENEDETTO, ARMANDO  
1734 EAGLE WATCH DRIVE  
FLEMING ISLAND, FL 32003 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: ARMANDO DIBENEDETTO

01/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: DIBENEDETTO, ARMANDO  
Address: 1734 EAGLE WATCH DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003

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: ARMANDO DIBENEDETTO

PRES

01/20/2012

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