

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000086731

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** INTEGRATED MASSAGE THERAPY @FEELHEALTHY LLC

**Current Principal Place of Business:**

611 SE 7TH STREET  
APPT 506  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

135 OREGON LANE  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

611 SE 7TH STREET  
APPT 506  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

135 OREGON LANE  
BOCA RATON, FL 33487 US

**FEI Number:** 32-0332800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DE LEVIS MIREPOIX, YSENDE S  
611 SE 7TH STREET  
#506  
DELRAY BEACH, FL 33483 US

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

DE LEVIS MIREPOIX, YSENDE S  
135 OREGON LANE  
BOCA RATON, FL 33487 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: YS

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DE LEVIS MIREPOIX, YSENDE S  
Address: 135 OREGON LANE  
City-St-Zip: BOCA RATON, FL 33487 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: YS

MGR

02/16/2011

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