

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000001716

FILED  
Feb 12, 2012  
Secretary of State

**Entity Name:** BETTER HEALTH MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

6501 LILLIAN HWY  
PENSACOLA, FL 32506

**New Principal Place of Business:**

6119 EAST SHORE DR  
PENSACOLA, FL 32505

**Current Mailing Address:**

6501 LILLIAN HWY  
PENSACOLA, FL 32506

**New Mailing Address:**

6119 EAST SHORE DR  
PENSACOLA, FL 32505

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

WINDSOR, PETRINA M  
6501 LILLIAN HWY  
PENSACOLA, FL 32506 US

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

WINDSOR, PETRINA M  
6119 EAST SHORE DR  
PENSACOLA, FL 32505 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:

02/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WINDSOR, PETRINA M  
Address: 6119 EAST SHORE DR  
City-St-Zip: PENSACOLA, FL 32505

Title: MGR  
Name: WINDSOR, BRUCE M III  
Address: 6119 EAST SHORE DR  
City-St-Zip: PENSACOLA, FL 32505

Title: MGR  
Name: OUTLAW, KALIB J  
Address: 6119 EAST SHORE DR  
City-St-Zip: PENSACOLA, FL 32505

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: PETRINA M WINDSOR

RA

02/12/2012

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