

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022782

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** THE BODY THERAPIST LLC

**Current Principal Place of Business:**

15B LOUDOUN ST. SW  
LEESBURG, VA 20175

**New Principal Place of Business:**

15 B LOUDOUN SW  
LEESBURG, VA 20175

**Current Mailing Address:**

P. O. BOX 658  
MIDDLEBURG, VA 20118 US

**New Mailing Address:**

300 N. PRESCOTT  
CLEARWATER, FL 33755

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOY, PAMELA A  
300 NORTH PRESCOTT  
CLEARWATER, FL 33755 US

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

JOY, PAMELA M  
300 NORTH PRESCOTT  
CLEARWATER, FL 33755 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: PAMELA MILLIET-JOY

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOY, PAMELA M  
Address: 300 NORTH PRESCOTT  
City-St-Zip: CLEARWATER, FL 33755

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: PAMELA MILLIET-JOY

MGRM

04/25/2012

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