

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000054283

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** 5 ELEMENTS THERAPEUTIC MASSAGE LLC

**Current Principal Place of Business:**

11740-2 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

2258 POCOSIN CT  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

11740-2 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

2258 POCOSIN CT  
JACKSONVILLE, FL 32246 US

**FEI Number:** 38-3844769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POBLETE, ALICIA M  
11740-2 SAN JOSE BLVD  
JACKSONVILLE, FL 32223 US

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

POBLETE, ALICIA M  
2258 POCOSIN CT  
JACKSONVILLE, FL 32246 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:

04/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: POBLETE, ALICIA M  
Address: 2258 POCOSIN CT  
City-St-Zip: JACKSONVILLE, FL 32246 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: ALICIA MARIA POBLETE

MGR

04/13/2012

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