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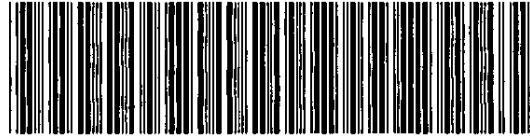
(Business Entity Name)

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FICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUSTOM MASSAGE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID F. GRAVES
Name of Person
CUSTOM MASSAGE LLC
Firm/Company
4244 CENTRAL AVE
Address
ST. PETERSBURG, FL 33711
City/State and Zip Code
DAVID.F.GRAVES@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID GRAVES at (727) 249-2060
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CUSTOM MESSAGE LLC

JEFFREY DAVID WELLNESS LLC

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
Pursuant to 605.0207
this will not be listed as

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Dated July 29, 2015
David F. Graves
 Signature of a member or authorized representative of a member
DAVID F. GRAVES
 Typed or printed name of signee