

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000483

FILED
Apr 05, 2004
Secretary of State

Entity Name: AUBURNDALE MASSAGE THERAPY CLINIC, L.C.

Current Principal Place of Business:

114 E. LAKE AVE.
SUITE #8
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

114 E. LAKE AVE.
SUITE #8
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-3269157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, JOAN C MGRM
906 CRESTVIEW DRIVE
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: YOUNG, JOAN C
Address: 906 CRESTVIEW DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM (X) Delete
Name: YOUNG, CURTIZ E
Address: 906 CRESTVIEW DRIVE
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: JOAN C. YOUNG

MGRM

04/05/2004

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