

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000001095

1. Entity Name

MASSAGE THERAPEUTICS SPA, L.C.



Principal Place of Business

500 N FEDERAL HWY., SUITE G/H  
HOLLYWOOD FL 33020

Mailing Address

500 N FEDERAL HWY., SUITE G/H  
HOLLYWOOD FL 33020



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

65-0883543

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARNELL, TIM  
500 N FEDERAL HWY., STE G/H  
HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *TIM CARNELL TREASURER*

(NOTE: Registered Agent's signature required when registering)

*2-6-08*

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

*143.75*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME CARNELL, TIM  
STREET ADDRESS 500 N FEDERAL HWY., STE G/H  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP *U00000839212*  
*03/05/08 00000-012 143.75*

TITLE MGRM ☐ Delete  
NAME MACK, SANDRA  
STREET ADDRESS 500 N FEDERAL HWY., STE G/H  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*TIM CARNELL 2-6-08 954-258-5725*