

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054629

Entity Name: THE CENTER 4 MUSCLE RECOVERY, LLC

Current Principal Place of Business:

1015 SNELL ISLE BLVD
ST. PETERSBURG,, FL 33704

Current Mailing Address:

PO BOX 55145
ST. PETERSBURG,, FL 33732

FEI Number: 30-0367630

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MUHLSTADT, WILLIAM JR.
1015 SNELL ISLE BLVD
ST. PETERSBURG, FL 33704 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: WILLIAM J MUHLSTADT JR

04/30/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MUHLSTADT, WILLIAM JJR.
Address 1015 SNELL ISLE BLVD
City-State-Zip: ST. PETERSBURG FL 33704

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J MUHLSTADT JR

MNGR

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date