

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110428

Entity Name: YOUR PLACE MASSAGE THERAPY LLC

Current Principal Place of Business:

2108 NW 24 AVE
CAPE CORAL, FL 33993

Current Mailing Address:

2108 NW 24 AVE
CAPE CORAL, FL 33993

FEI Number: 45-2777695

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISCHER, CRAIG
2108 NW 24 AVE
CAPE CORAL, FL 33993 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FISCHER, CRAIG
Address 2108 NW 24 AVE
City-State-Zip: CAPE CORAL FL 33993

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG FISCHER

MANAGER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date