

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000026885

**Entity Name:** BALANCE MASSAGE & FITNESS CENTER, LLC

**Current Principal Place of Business:**

128 N. EUSTIS ST.  
SUITE 104  
EUSTIS, FL 32726

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC7938794674**

**Current Mailing Address:**

204 LORI CT.  
UMATILLA, FL 32784

**FEI Number:** 46-2084230

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MANDY LASKOWSKI  
128 N. EUSTIS ST.  
SUITE 104  
EUSTIS, FL 32726 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 MGRM  
Name CHARLES LASKOWSKI  
Address 204 LORI CT.  
City-State-Zip: UMATILLA FL 32784

Title MGRM  
Name MANDY LASKOWSKI  
Address 204 LORI CT.  
City-State-Zip: UMATILLA FL 32784

*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:** MANDY LASKOWSKI

MANAGER/CO-OWNER

04/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date