

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087061

Entity Name: FRANCINE KIM MOCERI MASSAGE THERAPIST AND
HYPNOTHERAPIST , LLC

Current Principal Place of Business:

5935 KENDREW DR
PORT ORANGE, FL 32127

Current Mailing Address:

5935 KENDREW DR
PORT ORANGE, FL 32127 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOCERI, FRANCINE K
5935 KENDREW DR
PORT ORANGE, FL 32127 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 MOCERI, FRANCINE
Address 5935 KENDREW DR
City-State-Zip: PORT ORANGE FL 32127

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: FRANCINE KIM MOCERI

OWNER

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date