

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117272

**Entity Name:** THERAPEUTIC MOBILE SPA LLC

**Current Principal Place of Business:**

10805 SW 88 COURT  
MIAMI, FL 33176

**Current Mailing Address:**

10805 SW 88 COURT  
MIAMI, FL 33176

**FEI Number:** 27-1449220

**Certificate of Status Desired:** No

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

THE GENESIS FIRM LLC  
10660 NW 37TH TERR  
DORAL, FL 33178 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 ALBITE, CHARITY  
Address 10805 SW 88 COURT  
City-State-Zip: MIAMI FL 33176

*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:** CHARITY ALBITE

OWNER/PRESIDENT

04/07/2015

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

\_\_\_\_\_ Date