

2024 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 | Title | AUTHORIZED REPRESENTATIVE |
| Name | ALBITE, CHARITY | Name | NOVELO, AILYN |
| Address | 10805 SW 88 COURT | Address | 32150 SW 204 AVENUE |
| City-State-Zip: | MIAMI FL 33176 | City-State-Zip: | HOMESTEAD FL 33030 |

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

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date