

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000095235

**Entity Name:** TREASURE COAST MASSAGE THERAPY LLC

**Current Principal Place of Business:**

741 SEBASTIAN BLVD SUITE 4  
SEBASTIAN, FL 32958

**Current Mailing Address:**

619 BRUSH FOOT DR  
SEBASTIAN, FL 32958 US

**FEI Number:** 45-3122491

**Certificate of Status Desired:** No

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

BORDEN, CARLEE M  
619 BRUSH FOOT DR  
SEBASTIAN, FL 32958 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	MGRM
Name	BORDEN, CARLEE M	Name	BORDEN, TIMOTHY F
Address	619 BRUSH FOOT DR	Address	619 BRUSH FOOT DR
City-State-Zip:	SEBASTIAN FL 32958	City-State-Zip:	SEBASTIAN FL 32958

*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:** CARLEE BORDEN

MGRM

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date