

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000009461

**Entity Name:** WHOLISTICKNEADS MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

2 PINE LAKES PKWY N  
SUITE 7  
PALM COAST, FL 32137

**Current Mailing Address:**

2 PINE LAKES PKWY N  
SUITE 7  
PALM COAST, FL 32137 US

**FEI Number:** 45-4426090

**Certificate of Status Desired:** No

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

ZUBLIONIS, JOHN H  
2 PINE LAKES PKWY N  
SUITE 7  
PALM COAST, FL 32137 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 ZUBLIONIS, JOHN H  
Address 2 PINE LAKES PKWY N  
SUITE 7  
City-State-Zip: PALM COAST FL 32137

*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:** JOHN H ZUBLIONIS

MGRM

04/17/2024

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

\_\_\_\_\_  
Date