

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000005249

**Entity Name:** ACUPRESSURE MLD MASSAGE LLC

**Current Principal Place of Business:**

ACUPRESSURE MLD MASSAGE LLC  
9409 US HIGHWAY 19 SUITE # 423  
PORT RICHEY, FL 34668

**Current Mailing Address:**

ACUPRESSURE MLD MASSAGE LLC  
9409 US HIGHWAY 19 SUITE #423  
PORT RICHEY, FL 33624 US

**FEI Number:** 46-4908901

**Certificate of Status Desired:** No

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

REYES, ANSELMO I  
12502 GLENDALE CT  
HUDSON, FL 34669 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	REYES, ANSELMO I	Name	REYES, HEE
Address	12502 GLENDALE CT	Address	12502 GLENDALE CT
City-State-Zip:	HUDSON FL 34669	City-State-Zip:	HUDSON FL 34669

*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:** ANSELMO REYES

**OWNER**

**03/07/2019**

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

\_\_\_\_\_  
Date