#### 2018 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

## 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

## 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

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 30, 2018 Secretary of State CC8800452546

Date

Certificate of Status Desired: No

