

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000096428

**Entity Name:** AROMA-THERAPIES LLC

**Current Principal Place of Business:**

5200 NW 43RD STREET  
102-124  
GAINESVILLE, FL 32606

**Current Mailing Address:**

5200 NW 43RD STREET  
102-124  
GAINESVILLE, FL 32606 US

**FEI Number:** 45-2546790

**Certificate of Status Desired:** No

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

MCCARTY, JAMES H JR  
2630-A NW 41 STREET  
GAINESVILLE, FL 32606 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 SUSKIN, DONNA W  
Address 5200 NW 43RD STREET  
102-124  
City-State-Zip: GAINESVILLE FL 32606

*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:** DONNA W. SUSKIN

MGRM

01/07/2019

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

\_\_\_\_\_ Date