

2018 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

01/02/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date