

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000053712

**Entity Name:** A THERAPY TOUCH LLC

**Current Principal Place of Business:**

661 GOODLETTE RD  
108, ROOM 5  
NAPLES, FL 34102

**Current Mailing Address:**

809 PALM VIEW DR.  
NAPLES, FL 34110 US

**FEI Number:** 46-5376059

**Certificate of Status Desired:** Yes

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

LEGALZOOM UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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:** LEGALZOOM

01/24/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            DACUNHA, JANE LMT  
Address        809 PALM VIEW DR.  
City-State-Zip: NAPLES FL 34110

*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:** JANE DACUNHA

PRESIDENT

01/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date