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. OWNER

SIGNATURE: TIFFANY LITTLER

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000058885

Entity Name: MASSAGE BY TIFFANY LLC

Current Principal Place of Business:

TIFFANY LITTLER 11136 SPRING POINT CIRCLE RIVERVIEW, FL 33579

Current Mailing Address:

TIFFANY LITTLER PO BOX 4097 BRANDON, FL 33509

FEI Number: 61-1757226

Name and Address of Current Registered Agent:

LITTLER, TIFFANY TIFFANY LITTLER TIFFANY LITTLER 11136 SPRING POINT CIRCLE RIVERVIEW, FL 33579 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	: TIFFANY LITTLER			06/10/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	OWN	Title	AMBR	
Name	LITTLER, TIFFANY	Name	LITTLER, TIFFANY	
Address	11136 SPRING POINT CIRCLE	Address	11136 SPRING POINT CIRCLE	
City-State-Zip:	RIVERVIEW FL 33579	City-State-Zip:	RIVERVIEW FL 33579	

Certificate of Status Desired: No

Secretary of State 5469312850CC

FILED Jun 10, 2020

06/10/2020

Date