

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000064097

**Entity Name:** DRAGONFLY THERAPEUTIC MASSAGE LLC

**Current Principal Place of Business:**

8245 RIVER COUNTRY DR  
WEEKI WACHEE, FL 34607

**Current Mailing Address:**

470 MERRIMAC LANE  
SPRING HILL, FL 34606 US

**FEI Number:** 82-1175873

**Certificate of Status Desired:** No

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

OBRIEN, HEATHER  
470 MERRIMAC LANE  
SPRING HILL, FL 34606 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:** HEATHER OBRIEN

10/07/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title LICENSED MASSAGE THERAPIST  
Name HEATHER , OBRIEN  
Address 8245 RIVER COUNTRY DR  
City-State-Zip: WEEKI WACHEE FL 34607

*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:** HEATHER OBRIEN

LICENSED MASSAGE  
THERAPIST

10/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date