

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000087567

Entity Name: ADVANCE RECOVERY THERAPEUTIC MASSAGE LLC

Current Principal Place of Business:

104 GULFBREEZE AVE
PUNTA GORDA, FL 33950

Current Mailing Address:

104 GULFBREEZE AVE
PUNTA GORDA, FL 33950

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERALTA, SELENE
104 GULFBREEZE AVE
PUNTA GORDA, FL 33950 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 PRES
Name CRUZ, MICHAEL
Address 104 GULFBREEZE AVE
City-State-Zip: PUNTA GORDA FL 33950

Title VP
Name PERALTA, SELENE
Address 104 GULFBREEZE AVE
City-State-Zip: PUNTA GORDA FL 33950

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: MICHAEL CRUZ

PRESIDENT

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date