

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000087567

Entity Name: ACTIVE RECOVERY THERAPEUTIC MASSAGE LLC

Current Principal Place of Business:

1173 OXSALIDA ST
PORT CHARLOTTE, FL 33952

Current Mailing Address:

1173 OXSALIDA ST
PORT CHARLOTTE, FL 33952 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ, SELENE
1173 OXSALIDA ST
PORT CHARLOTTE, FL 33952 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: SELENE CRUZ

04/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name CRUZ, MICHAEL
Address 1173 OXSALIDA ST
City-State-Zip: PORT CHARLOTTE FL 33952

Title AMBR
Name CRUZ, SELENE
Address 1173 OXSALIDA ST
City-State-Zip: PORT CHARLOTTE FL 33952

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

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date