

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000087567

**Entity Name:** ACTIVE RECOVERY THERAPEUTIC MASSAGE LLC

**Current Principal Place of Business:**

117 FITZSIMONS ST  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

117 FITZSIMONS ST  
PORT CHARLOTTE, FL 33954 US

**FEI Number:** 82-2204290

**Certificate of Status Desired:** No

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

CRUZ, SELENE  
117 FITZSIMONS ST  
PORT CHARLOTTE, FL 33954 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

02/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRES  
Name            CRUZ, MICHAEL  
Address        117 FITZSIMONS ST  
City-State-Zip: PORT CHARLOTTE FL 33954

Title            AMBR  
Name            CRUZ, SELENE  
Address        117 FITZSIMONS ST  
City-State-Zip: PORT CHARLOTTE FL 33954

*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**

02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date