

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000096126

**Entity Name:** AURA MASSAGE & WELLNESS, LLC

**Current Principal Place of Business:**

204 MIAMI AVENUE W  
VENICE, FL 34285

**Current Mailing Address:**

204 MIAMI AVENUE W  
VENICE, FL 34285

**FEI Number:** 81-2732595

**Certificate of Status Desired:** No

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

TRACY, JAYNE A  
2179 NETTLEBUSH LANE  
VENICE, FL 34292 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	MGR	Title	MGR
Name	TRACY, JAYNE A	Name	MCMULLEN, ANGELA M
Address	2179 NETTLEBUSH LANE	Address	401 GRANADA AVENUE
City-State-Zip:	VENICE FL 34292	City-State-Zip:	VENICE FL 34285

*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:** JAYNE TRACY

**PARTNER**

**01/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date