

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000105400

Entity Name: ANGEL'S HANDS MASSAGE THERAPY SERVICES,LLC

Current Principal Place of Business:

5096 CALDWELL ST
SPRING HILL, FL 34606

Current Mailing Address:

5096 CALDWELL ST
SPRING HILL, FL 34606 US

FEI Number: 46-2052125

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GERARDO, MARILYN
5096 CALDWELL ST
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name PESTANA, ALBERTO
Address 5096 CALDWELL ST
City-State-Zip: SPRING HILL FL 34606

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: ALBERTO PESTANA

MGR

02/11/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date