

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000105400

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

**Current Principal Place of Business:**

9205 OUTRIGGER RD,  
2122  
PORT RICHEY, FL 34668

**Current Mailing Address:**

9205 OUTRIGGER RD,  
2122  
PORT RICHEY, FL 34668 US

**FEI Number:** 46-2052125

**Certificate of Status Desired:** No

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

GERARDO, MARILYN  
9205 OUTRIGGER RD  
2122  
PORT RICHEY, FL 34668 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 9205 OUTRIGGER RD,APT 2122  
City-State-Zip: PORT RICHEY FL 34668

*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**

**01/16/2018**

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

\_\_\_\_\_  
Date