

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000134035

**Entity Name:** LIVING FREE THERAPY SERVICES LLC

**Current Principal Place of Business:**

907 MARWALT DRIVE, SUITE 2021  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

PO BOX 1004  
MARY ESTHER, FL 32569 US

**FEI Number:** 81-3259103

**Certificate of Status Desired:** No

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

NELSON, MELISSA  
209 SQUIRREL HAVEN ROAD  
MARY ESTHER, FL 32569 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 NELSON, MELISSA  
Address PO BOX 1004  
City-State-Zip: MARY ESTHER FL 32569

*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:** MELISSA NELSON

**OWNER/THERAPIST**

**03/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date