

2024 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: NELSON, MELISSA

OWNER/THERAPIST

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date