

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000134035

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

**Current Principal Place of Business:**

1270 N EGLIN PARKWAY  
C-12  
SHALIMAR, FL 32579

**Current Mailing Address:**

1270 N EGLIN PARKWAY  
C-12  
SHALIMAR, FL 32579 US

**FEI Number:** 81-3259103

**Certificate of Status Desired:** No

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

NELSON, MELISSA  
1270 N EGLIN PARKWAY  
C-12  
SHALIMAR, FL 32579 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 1270 N EGLIN PARKWAY  
C-12  
City-State-Zip: SHALIMAR FL 32579

*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**

**01/09/2017**

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

\_\_\_\_\_  
Date