

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000134035

Entity Name: LIVING FREE THERAPY SERVICES LLC

Current Principal Place of Business:

217 MIRACLE STRIP PKWY SE
FORT WALTON BEACH, FL 32548

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
217 MIRACLE STRIP PKWY SE
FORT WALTON BEACH, FL 32548 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 217 MIRACLE STRIP PKWY SE
City-State-Zip: FORT WALTON BEACH FL 32548

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

01/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date