

**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