

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000181946

Entity Name: MASSAGE CREATIONS, L.L.C.

Current Principal Place of Business:

619 E NELSON AVENUE
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

P.O. BOX 1441
DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 81-4010903

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILLEY, TIMOTHY
619 E NELSON AVENUE
DEFUNIAK SPRINGS, FL 32433 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 HILLEY, TIMOTHY
Address 619 E NELSON AVENUE
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title MGR
Name NELSON, JAMIE
Address 619 E NELSON AVENUE
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title MGR
Name HILLEY, KELLY
Address 619 E NELSON AVENUE
City-State-Zip: DEFUNIAK SPRINGS FL 32433

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: JAMIE NELSON

MGR

01/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date