

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000211920

**Entity Name:** MASSAGE & ACUPUNCTURE THERAPY LLC

**Current Principal Place of Business:**

9619 S DIXIE HWY  
MIAMI, FL 33156

**Current Mailing Address:**

8441 SW 102 CT  
MIAMI, FL 33173 US

**FEI Number: 81-4485603**

**Certificate of Status Desired: No**

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

GONZALEZ, ANA  
8441 SW 102 CT  
MIAMI, FL 33173 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           MANAGER  
Name           GONZALEZ, ANA  
Address        8441 SW 102 CT  
City-State-Zip: MIAMI FL 33173

*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: ANA GONZALEZ**

**02/26/2019**

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

\_\_\_\_\_ Date