

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000151660

**Entity Name:** KNEAD SOLE REFLEXOLOGY & SALT THERAPY LLC

**Current Principal Place of Business:**

216 N WOODLAND BLVD  
DELAND, FL 32720

**Current Mailing Address:**

216 N WOODLAND BLVD  
DELAND, FL 32720

**FEI Number:** 82-2061787

**Certificate of Status Desired:** No

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

MONTI, LISA M  
216 N WOODLAND BLVD  
DELAND, FL 32720 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 AMBR  
Name MONTI, LISA M  
Address 216 N WOODLAND BLVD  
City-State-Zip: DELAND FL 32720

*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:** LISA MONTI

**OWNER**

**04/04/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date