

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000170448

**Entity Name:** PROFESSIONAL MASSAGE LLC

**Current Principal Place of Business:**

6423 COLLINS AVE  
APT 503  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6423 COLLINS AVE  
APT 503  
MIAMI BEACH, FL 33141

**FEI Number:** 82-2461964

**Certificate of Status Desired:** No

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

CORO, ROLANDO  
6423 COLLINS AVE  
APT 503  
MIAMI BEACH, FL 33141 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 CORO, ROLANDO  
Address 6423 COLLINS AVE, APT 503  
City-State-Zip: MIAMI BEACH FL 33141

Title AMBR  
Name SOBERON, ZORAIDA  
Address 6423 COLLINS AVE, APT 503  
City-State-Zip: MIAMI BEACH FL 33141

*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:** ROLANDO CORO

AMBR

04/30/2021

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

\_\_\_\_\_  
Date