

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000185937

**Entity Name:** ANCIENT CITY THERAPY LLC

**Current Principal Place of Business:**

6911B N BREVARD AVE  
TAMPA, FL 33604

**Current Mailing Address:**

6911B N BREVARD AVE  
TAMPA, FL 33604 UN

**FEI Number:** 82-2658161

**Certificate of Status Desired:** Yes

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

DIAZ, LEAH D  
6911B N BREVARD AVE  
TAMPA, FL 33604 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 MBR  
Name DIAZ, LEAH D  
Address 6911B N BREVARD AVE  
City-State-Zip: TAMPA FL 33604

*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:** LEAH DIAZ

MBR

06/28/2018

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

\_\_\_\_\_  
Date