2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2019
Secretary of State
9315363759CC

DOCUMENT# L17000185937

Entity Name: ANCIENT CITY THERAPY LLC

Current Principal Place of Business:

3858 SHORE BLVD
OLDSMAR, FL 34677

Current Mailing Address:

3858 SHORE BLVD
OLDSMAR, FL 34677 US

FEI Number: 82-2658161

Certificate of Status Desired: No

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 PRESIDENT 02/02/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date