

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000225492

Entity Name: THAIRAPY BY EMILY, LLC**Current Principal Place of Business:**12118 PANAMA CITY BEACH PKWY
SUITE 13
PANAMA CITY BEACH, FL 32407**Current Mailing Address:**4219 LORRAINE ST
THAIRAPYBYEMILY@GMAIL.COM
PANAMA CITY BEACH, FL 32408 US**FEI Number:** 82-3415445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POYNOR, EMILY
4219 LORRAINE ST
PANAMA CITY BEACH , FL 32408 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:** EMILY POYNOR

04/08/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	POYNOR, EMILY
Address	4219 LORRAINE ST THAIRAPYBYEMILY@GMAIL.COM
City-State-Zip:	PANAMA CITY BEACH FL 32408
Title	MGR
Name	POYNOR, EMILY
Address	4219 LORRAINE ST THAIRAPYBYEMILY@GMAIL.COM
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	AP
Name	POYNOR, FRED
Address	2320 PELICAN BAY CT
City-State-Zip:	PANAMA CITY FL 32408
Title	AP
Name	POYNOR, DOROTHY
Address	2320 PELICAN BAY CT
City-State-Zip:	PANAMA CITY BEACH FL 32408

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: EMILY K POYNOR**OWNER**

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date