

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000225492

**Entity Name:** THAIRAPY BY EMILY, LLC**Current Principal Place of Business:**2827 JOAN AVE  
BUILDING C  
PANAMA CITY BEACH, FL 32408**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

03/29/2022

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 POYNOR**OWNER**

03/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date