

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000132851

Entity Name: YOUR SHOCK THERAPY, LLC

Current Principal Place of Business:

2201 NE 37TH STREET
OCALA, FL 34479

Current Mailing Address:

2201 NE 37TH STREET
OCALA, FL 34479

FEI Number: 83-0752243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUNTER, WILLIAM T
2201 NE 37TH STREET
OCALA, FL 34479 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 MGR
Name GUNTER, WILLIAM T
Address 2201 NE 37TH STREET
City-State-Zip: Ocala FL 34479

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: WILLIAM GUNTER

04/13/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date