

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000223121

Entity Name: COZY THERAPY OF TAMPA BAY LLC

Current Principal Place of Business:

4467 W GANDY BLVD
TAMPA, FL 33611

Current Mailing Address:

4467 W GANDY BLVD
TAMPA, FL 33611 US

FEI Number: 83-3330924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, CHRISTOPHER S
4467 W GANDY BLVD
TAMPA, FL 33611 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 SANDERS, CHRISTOPHER S
Address 4467 W GANDY BLVD
City-State-Zip: TAMPA FL 33611

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: SANDERS, CHRISTOPHER S

MGR

04/26/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date