

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000076021

**Entity Name:** SHANNON LEIGH MASSAGE THERAPY LLC

**Current Principal Place of Business:**

2024 7TH ST.  
WIMAUMA, FL 33598

**Current Mailing Address:**

2024 7TH ST.  
WIMAUMA, FL 33598 US

**FEI Number:** 85-2654197

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BENAVIDEZ, SHANNON  
2024 7TH ST.  
WIMAUMA, FL 33598 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:** SHANNON BENAVIDEZ

02/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BENAVIDEZ, SHANNON  
Address 2024 7TH ST.  
City-State-Zip: WIMAUMA FL 33598

*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:** SHANNON BENAVIDEZ

MGR

02/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date