

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000076021

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

**Current Principal Place of Business:**

9623 SAGE CREEK DR.  
RUSKIN, FL 33573

**Current Mailing Address:**

9623 SAGE CREEK DR.  
RUSKIN, FL 33573 US

**FEI Number:** 85-2654197

**Certificate of Status Desired:** No

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

ZIMMERMAN, SHANNON  
9623 SAGE CREEK DR  
1311  
RUSKIN, FL 33573 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 ZIMMERMAN, SHANNON  
Address 11550 VILLA GRAND 1311  
City-State-Zip: FORT MYERS FL 33913

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 ZIMMERMAN

MGR

01/27/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date