

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000326669

**Entity Name:** JAZMIN MASSAGE THERAPY, L.L.C**Current Principal Place of Business:**9831MARTINIQUE DRIVE  
CUTLER BAY, FL 33189**Current Mailing Address:**9831MARTINIQUE DRIVE  
CUTLER BAY, FL 33189 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALENCIA, LEIDY AMANDA  
9831MARTINIQUE DRIVE  
CUTLER BAY, FL 33189 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           | RA                     |
| Name            | VALENCIA, LEIDY AMANDA |
| Address         | 9831MARTINIQUE DRIVE   |
| City-State-Zip: | CUTLER BAY FL 33189    |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | PACHECO, INGRID JOHANNA |
| Address         | 9831 MARINIQUE DR       |
| City-State-Zip: | MIAMI FL 33189          |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | PACHECO, CAROLINA MARIA |
| Address         | 9831MARTINIQUE DRIVE    |
| City-State-Zip: | CUTLER BAY FL 33189     |

|                 |                        |
|-----------------|------------------------|
| Title           | MGR                    |
| Name            | PACHECO, ANDRES FELIPE |
| Address         | 9831MARTINIQUE DRIVE   |
| City-State-Zip: | CUTLER BAY FL 33189    |

*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:** LEIDY AMANDA VALENCIA

RA

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date