## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000057947

Entity Name: JOYFEEL THERAPY, LLC

**Current Principal Place of Business:** 

19211 PANAMA CITY BEACH PKWY 1002

PANAMA CITY BEACH, FL 32413

**Current Mailing Address:** 

19211 PANAMA CITY BEACH PKWY

PANAMA CITY BEACH, FL 32413 US

FEI Number: 87-4660594 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SMITH, JENNY 19211 PANAMA CITY BEACH PKWY PANAMA CITY BEACH, FL 32413 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

**FILED** Feb 01, 2022

**Secretary of State** 

7446984250CC

## Authorized Person(s) Detail:

**PRESIDENT** Title Name SMITH, JENNY

19211 PANAMA CITY BEACH PKWY Address

City-State-Zip: PANAMA CITY BEACH FL 32413

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.

02/01/2022 SIGNATURE: JENNY SMITH **PRESIDENT**