**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 31, 2023**
**Secretary of State**
**2025084875CC**

DOCUMENT# L21000291916

**Entity Name:** RESTORATION THERAPEUTIC MASSAGE LLC

**Current Principal Place of Business:**

16570 WEST HWY 326
MORRISTON, FL 32668

**Current Mailing Address:**

16570 WEST HWY 326
MORRISTON, FL 32668

**FEI Number: 87-3475370**

**Certificate of Status Desired:** No

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

MILLS, BRITTNEY M
16570 WEST HWY 326
MORRISTON, FL 32668 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 | MILLS, BRITTNEY M |
| Address | 16570 WEST HWY 326 |
| City-State-Zip: | MORRISTON FL 32668 |

*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: BRITTNEY MILLS 03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date