

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000446710

Entity Name: TOUCH THERAPY LLC

Current Principal Place of Business:

5860 150TH AVE
LOT 215
CLEARWATER, FL 33760

Current Mailing Address:

5860 150TH AVE
LOT 215
CLEARWATER, FL 33760

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUDDLEBUGS
5860 150TH AVE
LOT 215
CLEARWATER, FL 33760 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 PRES
Name WYANT, MICHELLE
Address 5860 150TH AVE LOT 215
City-State-Zip: CLEARWATER FL 33760

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: MICHELLE WYANT

SELF

04/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date