2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2024
Secretary of State
3208224064CC

DOCUMENT# L22000343134

Entity Name: ASTRAL MASSAGE THERAPY, LLC

Current Principal Place of Business:

300 KINGSLEY LAKE DR
SUITE 401 D
ST. AUGUSTINE, FL 32092

Current Mailing Address:

300 KINGSLEY LAKE DR
SUITE 401 D
ST. AUGUSTINE, FL 32092

FEI Number: 88-3603795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVENWORTH, AMANDA
196 SOUTHLAKE DRIVE
ST. AUGUSTINE, FL 32092 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	LEVENWORTH, AMANDA
Address	196 SOUTHLAKE DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32092

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: AMANDA LEVENWORTH MANAGER/OWNER 02/07/2024

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