

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000522388

Entity Name: KNEAD MASSAGE THERAPY PLLC

Current Principal Place of Business:

611 NE 25TH AVE
OCALA, FL 34470

Current Mailing Address:

611 NE 25TH AVE
OCALA, FL 34470 US

FEI Number: 84-4724417

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX, ASHLEY
611 NE 25TH AVE
OCALA, FL 34470 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 AMBR
Name COX, ASHLEY
Address 611 NE 25TH AVE
City-State-Zip: Ocala FL 34470

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: ASHLEY COX

04/18/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date