

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104586

Entity Name: THERASAGE, LLC**Current Principal Place of Business:**9736 VIA EMILE
BOCA RATON, FL 33428**Current Mailing Address:**9736 VIA EMILE
BOCA RATON, FL 33428 US**FEI Number:** 26-1243965**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BESNER, MELODY
9736 VIA EMILE
BOCA RATON, FL 33428 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	MGRM
Name	BESNER, MELODY
Address	9736 VIA EMILE
City-State-Zip:	BOCA RATON FL 33428

Title	AUTHORIZED MEMBER
Name	BESNER, JOESPH
Address	9736 VIA EMILE
City-State-Zip:	BOCA RATON FL 33428

Title	MANAGER
Name	BESNER, ROBERT
Address	9736 VIA EMILE
City-State-Zip:	BOCA RATON FL 33428

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: ROBERT BESNER

MANAGER

04/03/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date