

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000114149

**Entity Name:** MASSAGE & HEALING CENTER, LLC

**Current Principal Place of Business:**

2713 W. SLIGH AVENUE  
TAMPA, FL 33614

**Current Mailing Address:**

P.O BOX 263504  
TAMPA, FL 33685 US

**FEI Number:** 26-3863722

**Certificate of Status Desired:** No

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

CREAGH RUIZ, ABEL  
2713 W. SLIGH AVENUE  
TAMPA, FL 33614 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:** ABEL CREAGH RUIZ

04/30/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CREAGH RUIZ, ABEL  
Address 2713 W. SLIGH AVENUE  
City-State-Zip: TAMPA FL 33614

*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:** CREAGH RUIZ, ABEL

MNGR

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date