

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:

STEPHERS , KAREL ALFREDO
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: KAREL ALFREDO STEPHERS

08/05/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name STEPHERS, KAREL ALFREDO
Address 2713 W. SLIGH AVENUE
City-State-Zip: TAMPA FL 33614

Title REGISTER AGENT
Name MONTOYA, JORGE
Address 6015 N. HUBERT AVE.
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: KAREL ALFREDO STEPHERS

MGR

08/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date