

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000123500

Entity Name: CROSSTRaining THERAPEUTIC MASSAGE & BODYWORKS
LLC

FILED
Feb 10, 2015
Secretary of State
CC9532870823

Current Principal Place of Business:

279 DOUGLAS AVE.
SUITE #1102
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P.O. BOX 161482
ALTAMONTE SPRINGS, FL 32716

FEI Number: 46-4866413

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILES, GIA L
279 DOUGLAS AVE.
SUITE #1102
ALTAMONTE SPRINGS, FL 32714 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 GILES, GIA L
Address P.O. BOX 161482
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title MGRM
Name GILES, ROBERT A
Address P.O. BOX 161482
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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: GIA L. GILES

MGR

02/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date