## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000166342

Entity Name: MASSAGE BY GLORIA, LLC

**Current Principal Place of Business:** 

511 CAPE COD LN APT 303

ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

511 CAPE COD LN APT 303 ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 46-3615269 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JENKINS, GLORIA L 511 CAPE COD LN APT 303 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

FILED Feb 14, 2014

**Secretary of State** 

CC1514290273

## Authorized Person(s) Detail:

Title MGR

Name JENKINS, GLORIA L

Address 511 CAPE COD LN , APT 303
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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.