

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000076720

Entity Name: THERAPEUTIC MASSAGE OF OCALA, LLC

Current Principal Place of Business:

6158 SW HWY 200
SUITE 204
OCALA, FL 34476

Current Mailing Address:

PO BOX 771013
OCALA, FL 34477 US

FEI Number: 46-5643716

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PODUVAL, RENU
8500 NW 115TH AVE
OCALA, FL 34482 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 AMBR
Name PODUVAL, RENU
Address 8500 NW 115TH AVE
City-State-Zip: Ocala FL 34482

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: RENU PODUVAL

OWNER

03/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date