

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000148488

**Entity Name:** ALCOVER MASSAGE LLC

**Current Principal Place of Business:**

1017 12TH AVENUE WEST  
BRADENTON, FL 34205

**Current Mailing Address:**

917 12TH AVENUE WEST  
APARTMENT A  
BRADENTON, FL 34205 US

**FEI Number:** 47-1932328

**Certificate of Status Desired:** No

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

ALCOVER, LAURA  
917 12TH AVENUE WEST  
APT A  
BRADENTON, FL 34205 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 AP  
Name ALCOVER, LAURA  
Address 917 12TH AVENUE WEST APT. A  
City-State-Zip: BRADENTON FL 34205

*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:** LAURA ALCOVER

**OWNER AND OPERATOR** 04/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date