

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000045443

**Entity Name:** PAMELA'S MANDARIN MASSAGE LLC

**Current Principal Place of Business:**

349 BELL BRANCH LANE  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

349 BELL BRANCH LANE  
SAINT JOHNS, FL 32259 US

**FEI Number:** 47-3408740

**Certificate of Status Desired:** No

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

MONAKEY & COMPANY CPA'S LC  
12443 SAN JOSE BLVD  
SUITE 301  
JACKSONVILLE, FL 32223 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                  | Title           | MGR                  |
| Name            | BELL, PAMELA         | Name            | BELL, TIMOTHY        |
| Address         | 349 BELL BRANCH LANE | Address         | 349 BELL BRANCH LANE |
| City-State-Zip: | SAINT JOHNS FL 32259 | City-State-Zip: | SAINT JOHNS FL 32259 |

*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:** PAMELA BELL

MGR

01/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date