

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000089631

Entity Name: HANDS OF GRACE MASSAGE & WELLNESS CENTER, LLC

Current Principal Place of Business:

2605 NE 3RD ST
OCALA, FL 34470

Current Mailing Address:

2605 NE 3RD ST
OCALA, FL 34470

FEI Number: 47-4301048

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITAKER, MAUREEN
2605 NE 3RD ST
OCALA, FL 34470 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: MAUREEN WHITAKER

04/02/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name WHITAKER, MAUREEN
Address 2605 NE 3RD ST
City-State-Zip: OCALA FL 34470

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: MAUREEN WHITAKER

AMBR

04/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date