

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000118441

Entity Name: RECOVERY ZONE CRYOGENIC THERAPY LLC

Current Principal Place of Business:

108 RIVERSIDE AVE.
SUITE #503
JACKSONVILLE, FL 32203

Current Mailing Address:

108 RIVERSIDE AVE.
SUITE #503
JACKSONVILLE, FL 32203 US

FEI Number: 47-4545826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWKIRK, JOSEPH R
108 RIVERSIDE AVE.
SUITE #503
JACKSONVILLE, FL 32203 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 CEO
Name NEWKIRK, JOSEPH RYAN
Address 108 RIVERSIDE AVE.
 SUITE #503
City-State-Zip: JACKSONVILLE FL 32203

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: JOSEPH NEWKIRK

CEO

02/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date