

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000122135

Entity Name: PHYSIO MASSAGE TRAINING, LLC

Current Principal Place of Business:

701 N.W 19TH STREET
UNIT 403
FORT LAUDERDALE, FL 33311

Current Mailing Address:

PO BOX 25963
TAMARAC, FL 33320

FEI Number: 47-5327596

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OTERO, ELIZABETH
701 NW 19TH STREET
UNIT 403
FORT LAUDERDALE, FL 33311 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 OTERO, ELIZABETH
Address PO BOX 25963
City-State-Zip: TAMARAC FL 33320

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: ELIZABETH OTERO

PRESIDENT

04/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date