

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000146534

**Entity Name:** JEANETTE'S MEDICAL MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

5925 US HWY 19N  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

2648 ROYAL RIDGE DRIVE  
SPRING HILL, FL 34606 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

MURPHY, JEANETTE A  
2648 ROYAL RIDGE DRIVE  
SPRING HILL, FL 34606 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:** JEANETTE A MURPHY

04/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRES  
Name            MURPHY, JEANETTE A  
Address        2648 ROYAL RIDGE DRIVE  
City-State-Zip: SPRING HILL FL 34606

*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:** JEANETTE A MURPHY

PRESIDENT

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date