

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000053310

**Entity Name:** REDCROSS THERAPEUTIC MASSAGE, LLC.

**Current Principal Place of Business:**

703 EXECUTIVE DR.  
WINTER PARK, FL 32789

**Current Mailing Address:**

703 EXECUTIVE DR.  
WINTER PARK, FL 32789 US

**FEI Number: 81-1661201**

**Certificate of Status Desired: No**

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

REDCROSS, RASHAWN  
1164 REDMAN ST.  
B  
ORLANDO, FL 32839 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  
Name REDCROSS, RASHAWN  
Address 1164 REDMAN ST.  
B  
City-State-Zip: ORLANDO FL 32839

*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: RASHAWN REDCROSS**

**MGR**

**04/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date