

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000053310

Entity Name: REDCROSS THERAPEUTIC MASSAGE, LLC.

Current Principal Place of Business:

5972 BENT PINE DR.
APT. 170
ORLANDO, FL 32822

Current Mailing Address:

5972 BENT PINE DR.
APT. 170
ORLANDO, FL 32822 US

FEI Number: 81-1661201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REDCROSS, RASHAWN
5972 BENT PINE DR.
APT. 170
ORLANDO, FL 32822 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	Title	MGR
Name	REDCROSS, RASHAWN	Name	SALDALA, MICHELLE
Address	5972 BENT PINE DR. APT. 170	Address	5972 BENT PINE DR. APT. 170
City-State-Zip:	ORLANDO FL 32822	City-State-Zip:	ORLANDO FL 32822

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

MANAGER

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date