

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000075955

Entity Name: CRYOTHERAPY JAX LLC

Current Principal Place of Business:

8825 PERIMETER PARK BLVD
STE 303
JACKSONVILLE, FL 32216

Current Mailing Address:

1404 CRESTED HERON COURT
SAINT AUGUSTINE, FL 32092 US

FEI Number: 81-2307390

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA, MARIA
1404 CRESTED HERON COURT
SAINT AUGUSTINE, FL 32092 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	AP	Title	AP
Name	RIVERA, MARIA	Name	HERNANDEZ, ANDREA
Address	1404 CRESTED HERON CT	Address	1404 CRESTED HERON CT
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	SAINT AUGUSTINE FL 32092

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: MARIA RIVERA

AP

04/04/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date