

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000095145

Entity Name: NATURAL THERAPY & SPA, LLC.

Current Principal Place of Business:

10101 W COLONIAL DR, STE 101
OCOE, FL 34736

Current Mailing Address:

1902 SECRETARIAT CT
GOTHA, FL 34734

FEI Number: 37-1653698

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEONARD, JONISE
1902 SECRETARIAT CT
GOTHA, FL 34734 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	GUILLAUME, JULLISA	Name	HILAIRE, STEVENS
Address	1902 SECRETARIAT CT	Address	2679 METRO SEVILLA DR 106
City-State-Zip:	GOTHA FL 34734	City-State-Zip:	ORLANDO FL 32835
Title	MGR		
Name	LEONARD, JONISE		
Address	1902 SECRETARIAT CT		
City-State-Zip:	GOTHA FL 34734		

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: JONISE LEONARD

MGR

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date