## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000019112

Entity Name: HEAD 2 TOE MASSAGE THERAPY, LLC

**Current Principal Place of Business:** 

291 GRAY WOLF TRAIL PONTE VEDRA, FL 32081

**Current Mailing Address:** 

291 GRAY WOLF TRAIL PONTE VEDRA, FL 32081

FEI Number: 81-5129470 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANN, CHARLES L 291 GRAY WOLF TRAIL PONTE VEDRA, FL 32081 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

FILED Mar 13, 2018

**Secretary of State** 

CC8698953712

Authorized Person(s) Detail:

Title MGR Title MGR

Name MANN, CHARLES L Name MANN, KEELY S

Address 291 GRAY WOLF TRAIL Address 291 GRAY WOLF TRAIL

City-State-Zip: PONTE VEDRA FL 32081 City-State-Zip: PONTE VEDRA FL 32081

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: CHARLES L MANN

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER** 

03/13/2018