# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000023950

Entity Name: THERAPEUTIC MASSAGE GROUP, LLC

#### **Current Principal Place of Business:**

2430 WHIPPOORWILL PLACE MELBOURNE, FL 32904

### **Current Mailing Address:**

2430 WHIPPOORWILL PLACE MELBOURNE, FL 32904

### FEI Number: 45-5226293

## Name and Address of Current Registered Agent:

KLOES, JANET 2430 WHIPPOORWILL PLACE MELBOURNE, FL 32904 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

### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	KLOES, JANET	Name	KLOES, JAMES
Address	2430 WHIPPOORWILL PLACE	Address	2430 WHIPPOORWILL PLACE
City-State-Zip:	MELBOURNE FL 32904	City-State-Zip:	MELBOURNE FL 32904

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: JANET KLOES

AMBR

02/02/2021 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 02, 2021 Secretary of State 8291210982CC

Date

Certificate of Status Desired: Yes