

**2019 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

**Certificate of Status Desired:** Yes

**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

Date

**Authorized Person(s) Detail :**

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

Title AMBR  
Name KLOES, JAMES  
Address 2430 WHIPPOORWILL PLACE  
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

05/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date