

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