

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000040427

Entity Name: ASA HOLISTIC THERAPY LLC

Current Principal Place of Business:

1949 RAYMOND DIEHL RD SUITE C
TALLAHASSEE, FL 32308

Current Mailing Address:

1949 RAYMOND DIEHL RD SUITE C
TALLAHASSEE, FL 32308

FEI Number: 82-4461754

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POOLE, VALENCIA D
313 SLASH LANE
MIDWAY, FL 32343 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: VALENCIA D POOLE

04/26/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name POOLE, VALENCIA D
Address 313 SLASH LANE
City-State-Zip: MIDWAY FL 32343

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: VALENCIA D POOLE

MGR

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date