

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000071959

**Entity Name:** 5 SENSES MASSAGE LLC

**Current Principal Place of Business:**

9949 SW 223 TERRACE  
CUTLER BAY, FL 33190

**Current Mailing Address:**

9949 SW 223 TERRACE  
CUTLER BAY, FL 33190 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DE CASTRO, PAOLA  
9949 SW 223 TERRACE  
CUTLER BAY, FL 33190 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 P  
Name DE CASTRO, PAOLA  
Address 9949 SW 223 TERRACE  
City-State-Zip: CUTLER BAY FL 33190

*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:** PAOLA DE CASTRO

**PRESIDENT**

**02/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date