

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000183361

**Entity Name:** ON POINTE MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

1608 SWEETWOOD DRIVE  
MELBOURNE, FL 32935

**Current Mailing Address:**

1608 SWEETWOOD DRIVE  
MELBOURNE, FL 32935

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC.  
7901 4TH STREET N,  
SUITE 300  
ST.PETERSBURG, FL 33702 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:** TOM GLOVER

04/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            JONES, DAVID  
Address        1608 SWEETWOOD DRIVE  
City-State-Zip: MELBOURNE FL 32935

*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:** DAVID JONES

PRESIDENT

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date