

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000006522

**Entity Name:** PROFESSIONAL LYMPHATIC THERAPY, LLC

**Current Principal Place of Business:**

9365 US 19N  
SUITE A2  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

6320 92ND PLACE N  
UNIT 2604  
PINELLAS PARK, FL 33782, FL 33782 UN

**FEI Number:** 83-3244652

**Certificate of Status Desired:** No

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

TURLEY, LAURA M  
6320 92ND PLACE N  
UNIT 2604  
PINELLAS PARK, FL 33782, FL 33782 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 AR  
Name TURLEY, LAURA M  
Address 6320 92ND PLACE N, UNIT 2604  
City-State-Zip: PINELLAS PARK FL 33782

*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:** LAURA M TURLEY

**AUTHROIZED  
REPRESENTATIVE/OWNE  
R**

**02/02/2021**

