

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000006522

Entity Name: PROFESSIONAL LYMPHATIC THERAPY AND COLONICS, LLC

Current Principal Place of Business:

9371 US HWY 19N
SUITE B
PINELLAS PARK, FL 33782

Current Mailing Address:

LAURA TURLEY
6320 92ND PLACE N #2604
PINELLAS PARK,, FL 33782 US

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

**AUTHORIZED
REPRESENTATIVE**

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date