**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 14, 2021**
**Secretary of State**
**1670607281CC**

DOCUMENT# L19000117639

**Entity Name:** MOBILE STRETCH THERAPY LLC

**Current Principal Place of Business:**

4363 WILLOW POND RD
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

4363 WILLOW POND RD
WEST PALM BEACH, FL 33417 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

CAYETANO, JEFF
4363 WILLOW POND RD
WEST PALM BEACH, FL 33417 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 | AMBR |
| Name | CAYETANO, JEFF |
| Address | 4363 WILLOW POND RD |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

*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: JEFF CAYETANO MEMBER 04/14/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date