

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000288839

**Entity Name:** CHI REFLEXOLOGY LLC

**Current Principal Place of Business:**

3100 SW COLLEGE RD  
418  
OCALA, FL 34474

**Current Mailing Address:**

3100 SW COLLEGE RD  
418  
OCALA, FL 34474

**FEI Number:** 84-3909078

**Certificate of Status Desired:** No

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

LIU, FUZHI  
3100 SW COLLEGE RD  
418  
OCALA, FL 34474 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            MMBR  
Name            LIU, FUZHI  
Address        3100 SW COLLEGE RD  
City-State-Zip: Ocala FL 34474

*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:** FUZHI LIU

**MGR**

**03/02/2023**

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

\_\_\_\_\_  
Date