

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000050668

**Entity Name:** CHAASAD SPA OZONE THERAPY, LLC

**Current Principal Place of Business:**

918 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

3455 PAWNEE ST  
MIMS, FL 32754 US

**FEI Number: 85-1208438**

**Certificate of Status Desired: No**

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

BAILEY, PARLATESHA H  
3455 PAWNEE ST  
MIMS, FL 32754 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 AP, CHAIRMAN, PRESIDENT  
Name BAILEY, PARLATESHA H  
Address 3455 PAWNEE ST  
City-State-Zip: MIMS FL 32754

Title MANAGER, VC, AUTHORIZED MEMBER  
Name TAYLOR, ROCHELLE  
Address 3455 PAWNEE ST  
City-State-Zip: MIMS FL 32754

Title MANAGER, AUTHORIZED MEMBER  
Name MCINTOSH, NACHELLE  
Address 3455 PAWNEE ST  
City-State-Zip: MIMS FL 32754

*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: PARLATESHA BAILEY-HEBERT**

**PRESIDENT**

**04/25/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date