

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000051815

Entity Name: RESTORE MASSAGE THERAPY LLC

Current Principal Place of Business:

1531 SW 19TH PL
CAPE CORAL, FL 33991

Current Mailing Address:

1531 SW 19TH PL
CAPE CORAL, FL 33991 US

FEI Number: 84-4757288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEATY, JOHANNA A
1531 SW 19TH PL
CAPE CORAL, FL 33991 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 MGR
Name BEATY, JOHANNA A
Address 1531 SW 19TH PL
City-State-Zip: CAPE CORAL FL 33991

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: JOHANNA BEATY

PR

04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date