

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000051815

Entity Name: RESTORE MASSAGE THERAPY LLC

Current Principal Place of Business:

441 DEL PRADO BLVD N
4
CAPE CORAL, FL 33909

Current Mailing Address:

441 DEL PRADO BLVD N
4
CAPE CORAL, FL 33909 US

FEI Number: 84-4757288

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BEATY, JOHANNA A
441 DEL PRADO BLVD N
4
CAPE CORAL, FL 33909 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 441 DEL PRADO BLVD N
4
City-State-Zip: CAPE CORAL FL 33909

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

MGR

02/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date