

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000177619

Entity Name: HEALTH THERAPY & BEAUTY CENTER LLC

Current Principal Place of Business:

8359 BEACON BLVD
516-518
FORT MYERS, FL 33907

Current Mailing Address:

8359 BEACON BLVD
516-518
FORT MYERS, FL 33907 US

FEI Number: 86-2830075

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FUENTES, JENNY
23435 CAROLYN LN
FORT MYERS, FL 33913 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 FUENTES, JENNY
Address 23435 CAROLYN LN
City-State-Zip: FORT MYERS FL 33913

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: JENNY FUENTES

MGR

03/24/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date