

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000522272

**Entity Name:** NEW LIFE MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE  
SUITE330  
MIAMI, FL 33134

**Current Mailing Address:**

3700 ISLAND BLVD  
APT C-105  
AVENTURA, FL 33160 US

**FEI Number:** 87-3970788

**Certificate of Status Desired:** No

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

KAUFMAN, DANA M  
255 ALHAMBRA CIRCLE  
SUITE330  
MIAMI, FL 33134 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 ORTIZ, LINDA S  
Address 1001 BRICKELL BAY DR #2650  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name ABOUELAZM, MAMOUD H  
Address 1001 BRICKELL BAY DR #2650  
City-State-Zip: MIAMI FL 33131

*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:** LINDA ORTIZ

**MNGER**

**02/10/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date