

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000495991

Entity Name: NATURAL THERAPIA LLC

Current Principal Place of Business:

13637 CAPISTRANO DR S
JACKSONVILLE FLORIDA, FL 32224

Current Mailing Address:

13637 CAPISTRANO DR S
JACKSONVILLE FLORIDA, FL 32224 US

FEI Number: 88-4361171

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTAGUE, MICHAEL G
13637 CAPISTRANO DR S
JACKSONVILLE, FL 32224 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 MONTAGUE, MICHAEL G
Address 13637 CAPISTRANO DR S
City-State-Zip: JACKSONVILLE FL 32224

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: MICHAEL G MONTAGUE

MGR

04/11/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date