

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000553542

Entity Name: LF BODY THERAPY CENTER LLC

Current Principal Place of Business:

2415 W SAND LAKE RD
SUITE K
ORLANDO, FL 32809

Current Mailing Address:

2415 W SAND LAKE RD
SUITE K
ORLANDO, FL 32809 US

FEI Number: 93-4923126

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRONE, LUIS F
2415 W SAND LAKE RD
SUITE K
ORLANDO, FL 32809 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 AMBR
Name MORRONE, LUIS F
Address 2415 W SAND LAKE RD
City-State-Zip: ORLANDO FL 32809

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: LUIS F MORRONE

AMBR

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date