

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000515547

Entity Name: REVIVE THERAPEUTIC MASSAGE SPA, LLC

Current Principal Place of Business:

3856 EVANS AVE
FORT MYERS, FL 33901

Current Mailing Address:

3856 EVANS AVE
FORT MYERS, FL 33901 US

FEI Number: 33-2390966

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801 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 DECEMBRE, JOAQUINA
Address 3856 EVANS AVE
City-State-Zip: FORT MYERS FL 33901

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: JOAQUINA DECEMBRE

OWNER

04/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date