### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L06000112862

# Entity Name: HUMAN PERFORMANCE LONGEVITY CENTER, LLC

## **Current Principal Place of Business:**

13450 PARKER COMMONS BLVD. 106 FT. MYERS, FL 33912

### **Current Mailing Address:**

13450 PARKER COMMONS BLVD. 106 FT. MYERS, FL 33912 US

### FEI Number: 20-5934107

### Name and Address of Current Registered Agent:

ST. CLAIR, RON 709 CAPE CORAL PKWY W CAPE CORAL, FL 33914 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

### Authorized Person(s) Detail :

Title MGR Name JOSEPH, ALEXANDER Address 9230 TRIANA TERRACE 1 City-State-Zip: FORT MYERS FL 33912

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.

PD

SIGNATURE: ALEXANDER JOSEPH

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

01/31/2017 Date