

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000016706

**Entity Name:** APOLLO MEDSPA LLC

**Current Principal Place of Business:**

3535 LITTLE RD  
NEW PT RICHEY, FL 34655

**Current Mailing Address:**

3535 LITTLE RD  
NEW PT RICHEY, FL 34655

**FEI Number: 26-4537114**

**Certificate of Status Desired: No**

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

CHOWDAPPA, JAYADEVA  
3535 LITTLE RD  
NEW PT RICHEY, FL 34655 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 MGRM  
Name CHOWDAPPA, JAYADEVA  
Address 3535 LITTLE RD  
City-State-Zip: NEW PT RICHEY FL 34655

Title MGRM  
Name CHOWDAPPA, SWARNALATHA  
Address 3535 LITTLE RD  
City-State-Zip: NEW PT RICHEY FL 34655

*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: JAYADEVA CHOWDAPPA**

**MGRM**

**02/11/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date