

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000076568

Entity Name: AGELESS REGENERATIVE INSTITUTE, LLC

Current Principal Place of Business:

16107 EMERALD ESTATES DRIVE
WESTON, FL 33331

Current Mailing Address:

16107 EMERALD ESTATES DRIVE
WESTON, FL 33331

FEI Number: 27-3096688

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCQUILLAN, SHARON PMD
16107 EMERALD ESTATES DRIVE
WESTON, FL 33331 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 MCQUILLAN, SHARON PMD
Address 16107 EMERALD ESTATES DRIVE
City-State-Zip: WESTON FL 33331

Title MGRM
Name COMELLA, KRISTIN
Address 16107 EMERALD ESTATES DRIVE
City-State-Zip: WESTON FL 33331

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: SHARON MCQUILLAN

MGRM

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date