

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000076568

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC8706030856**

**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	Title	MGRM
Name	MCQUILLAN, SHARON PMD	Name	COMELLA, KRISTIN
Address	16107 EMERALD ESTATES DRIVE	Address	16107 EMERALD ESTATES DRIVE
City-State-Zip:	WESTON FL 33331	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KRISTIN COMELLA**

**CSO**

**01/24/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date