#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000010396

Entity Name: FOUNTAIN OF YOUTH MED SPA & SALON, LLC

FILED
Apr 30, 2014
Secretary of State
CC0322410414

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

3015 AZEELE ST. TAMPA, FL 33615

# **Current Mailing Address:**

5914 HATTERAS PALM WAY TAMPA FL 33615

FEI Number: APPLIED FOR Certificate of Status Desired: No

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

FERRIERA, FELICIA A 5914 HATTERAS PALM WAY TAMPA, FL 33615 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 P

Title S

Address

Name FERREIRA, FELICIA A

Name FERREIRA, CARMEN I

Address 5914 HATTERAS PALM WAY

903 S STERLING AVE

City-State-Zip: TAMPA FL 33615

City-State-Zip: TAMPA FL 33629

Title S

Name FERREIRA 2004, IRREVOCABLE TR

Address 508 S HABANA AVE SUITE 340

City-State-Zip: TAMPA FL 33609

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: FELICIA FERREIRA

**PRESIDENT** 

04/30/2014