

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000010396

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

**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:** Yes

**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
Name	FERREIRA, FELICIA A	Name	FERREIRA, CARMEN I
Address	5914 HATTERAS PALM WAY	Address	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FELICIA FERREIRA, MBA

**PRESIDENT**

**04/30/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date