

2015 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: 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
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FELICIA FERREIRA

CFO

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date