

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111708

**Entity Name:** ILLUMINATA MED SPA, LLC.

**Current Principal Place of Business:**

6645 VINELAND RD  
SUITE 270  
ORLANDO, FL 32819

**Current Mailing Address:**

7201 LAKE DRIVE  
SANFORD, FL 32819 US

**FEI Number:** 45-3463430

**Certificate of Status Desired:** No

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

BREWERLONG PLLC  
620 N WYMORE RD  
SUITE 270  
MAITLAND, FL 32751 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	MGR	Title	MGR
Name	BUTLER, DAVID B	Name	BUTLER, TAMI L
Address	7201 LAKE DRIVE	Address	7201 LAKE DRIVE
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771
Title	AUTHORIZED REPRESENTATIVE		
Name	BREWER, TREVOR K		
Address	620 N WYMORE RD SUITE 270		
City-State-Zip:	MAITLAND FL 32751		

*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:** TREVOR K. BREWER

**AUTHORIZED  
REPRESENTATIVE**

**04/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date