

**2016 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  
Name BUTLER, DAVID B  
Address 7201 LAKE DRIVE  
City-State-Zip: SANFORD FL 32771

Title MGR  
Name BUTLER, TAMI L  
Address 7201 LAKE DRIVE  
City-State-Zip: SANFORD FL 32771

*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:** DAVID B BUTLER

MGR

04/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date