

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000134984

Entity Name: METAMORPHOSIS LIFE REVITALIZING CENTER, LLC

Current Principal Place of Business:

5470 E. BUSCH BLVD
UNIT 406
TEMPLE TERRACE, FL 33617

Current Mailing Address:

5470 E. BUSCH BLVD
UNIT 406
TEMPLE TERRACE, FL 33617 US

FEI Number: 45-2936974

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JACKSON-JAMES, APRIL M. PHD
5470 E. BUSCH BLVD
UNIT 406
TEMPLE TERRACE, FL 33617 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: APRIL M. JACKSON-JAMES, PHD

03/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: JAMES, MICHAEL L JR.
Address: 5470 E. BUSCH BLVD
UNIT 406
City-State-Zip: TEMPLE TERRACE FL 33617

Title: MGR
Name: JACKSON-JAMES, APRIL M DR.
Address: 5470 E. BUSCH BLVD
UNIT 406
City-State-Zip: TEMPLE TERRACE FL 33617

Title: MANAGER
Name: STEWART, JANET R LMHC
Address: 5470 E. BUSCH BLVD
UNIT 406
City-State-Zip: TEMPLE TERRACE FL 33617

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: APRIL M. JACKSON-JAMES, PHD

MANAGING PARTNER

03/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date