

**2022 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

04/08/2022

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

OWNER

04/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date