

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000056670

**Entity Name:** STEM LONGEVITY RESEARCH, LLC

**Current Principal Place of Business:**

5180 E. SABAL PALM BLVD.  
#133  
TAMARAC, FL 33319

**Current Mailing Address:**

5180 E. SABAL PALM BLVD.  
#133  
TAMARAC, FL 33319

**FEI Number:** 45-5159111

**Certificate of Status Desired:** No

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

ECKERT, REID P  
5180 E SABAL PALM BLVD.  
#133  
TAMARAC, FL 33319 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 MGRM  
Name PURITA, JOSEPH R  
Address 5180 E. SABAL PALM BLVD., #133  
City-State-Zip: TAMARAC FL 33319

Title MGRM  
Name ECKERT, REID P  
Address 5180 E. SABAL PALM BLVD., #133  
City-State-Zip: TAMARAC FL 33319

Title AUTHORIZED MEMBER  
Name HEIDI C. LIST  
Address 5180 E. SABAL PALM BLVD.  
#133  
City-State-Zip: TAMARAC FL 33319

*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:** REID P. ECKERT

MGR

01/24/2016

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

\_\_\_\_\_  
Date