

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000088442

Entity Name: REJUVENATE, LLC

Current Principal Place of Business:

C/O CASEY WOLFF
5147 CASTELLO DRIVE
NAPLES, FL 34103

Current Mailing Address:

C/O CASEY WOLFF
5147 CASTELLO DRIVE
NAPLES, FL 34103

FEI Number: 99-0378704

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 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 NOTLEY, PHILIP A
Address 9052 CHERRY OAKS TRAIL
City-State-Zip: NAPLES FL 34114

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: PHILIP A NOTLEY

MANAGER

04/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date