

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP A NOTLEY

MGRM

04/19/2013

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

\_\_\_\_\_ Date