

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000131750

**Entity Name:** AGELESS PLUS, LLC

**Current Principal Place of Business:**

131 N. MOON AVE  
SUITE 4  
BRANDON, FL 33510

**Current Mailing Address:**

131 N. MOON AVE  
SUITE 4  
BRANDON, FL 33510

**FEI Number:** 35-2459206

**Certificate of Status Desired:** Yes

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

ST. JUDE MEDICAL CENTER & AESTHETIC CARE  
131 N. MOON AVE  
SUITE 4  
BRANDON, FL 33510 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 MGR  
Name LOONEY, CHARLES  
Address 5317 FRUITVILLE ROAD, SUITE 176  
City-State-Zip: SARASOTA FL 34232

Title MGR  
Name G. STANLEY OKOYE  
Address 131 N. MOON AVE, SUITE 4  
City-State-Zip: BRANDON FL 33510

*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:** G. STANLEY OKOYE

**REGISTERED AGENT**

**04/13/2014**

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

\_\_\_\_\_  
Date