

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000015607

**Entity Name:** REGENERATION SERVICES, LLC

**Current Principal Place of Business:**

4303 W. JETTON AVE  
TAMPA, FL 33629

**Current Mailing Address:**

4303 W. JETTON AVE  
TAMPA, FL 33629

**FEI Number:** 46-1909180

**Certificate of Status Desired:** No

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

MARTIN, LARRY D  
4303 W. JETTON AVE  
TAMPA, FL 33629 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	Title	MGRM
Name	MARTIN, LARRY D	Name	MARTIN, CAROL L
Address	4303 W. JETTON AVE	Address	4303 W. JETTON AVE
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629

*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:** LARRY DENNIS MARTIN

MANAGER

04/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date