

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000113405

**Entity Name:** RE-VITA-DERM, LLC

**Current Principal Place of Business:**

2301 SW 145TH AVE.  
MIRAMAR, FL 33027

**Current Mailing Address:**

2301 SW 145TH AVE.  
MIRAMAR, FL 33027

**FEI Number:** 20-2111044

**Certificate of Status Desired:** No

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

SILBERMAN, GARY ESQ  
OFFICES AT GRAND BAY PLAZA  
2665 S. BAYSHORE DR. STE 725  
COCONUT GROVE, FL 33133 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            PRESIDENT  
Name            MCDONNELL, JOSEPH  
Address        2301 SW 145TH AVE.  
City-State-Zip: MIRAMAR FL 33027

*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:** JOSEPH MCDONNELL

**PRESIDENT**

**02/15/2024**

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

\_\_\_\_\_  
Date