#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000086286

Entity Name: AGELESS MEDICINE OF THE PALM BEACHES, LLC

**FILED** Jan 19, 2015 **Secretary of State** CC6852993432

## **Current Principal Place of Business:**

224 CHIMNEY CORNER LANE 1026 JUPITER, FL 33458

# **Current Mailing Address:**

2195 NORTHFORK DRIVE JUPITER, FL 33458

FEI Number: 47-0973584 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

ROSSELLI, MATTEO 2195 NORTHFORK DRIVE JUPITER, FL 33458 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** 

ROSSELLI. MATTEO GLOVER, THOMAS Name Name Address 2195 NORTHFORK DRIVE Address 545 EBBTIDE DRIVE

City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: JUPITER FL 33458

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: MATTEO ROSSELLI **MGMR** 

Electronic Signature of Signing Authorized Person(s) Detail