

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000153962

**Entity Name:** NAPLES LIFE MED SPA, LLC

**Current Principal Place of Business:**

2410 LEAFSHINE LN  
NAPLES, FL 34119

**Current Mailing Address:**

2410 LEAFSHINE LN  
NAPLES, FL 34119 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ALOIA, FRANK J. JR., ESQ.  
2222 SECOND STREET  
FORT MYERS, FL 33901 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:** FRANK J. ALOIA JR., ESQ.

04/01/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	GREEN, MITCHELL A	Name	DUSHACK, CHARLES ROBERT
Address	2410 LEAFSHINE LN	Address	25830 CREEKBEND DR.
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	BONITA SPRINGS FL 34135

*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:** MITCHELL A. GREEN (BY FRANK J. ALOIA, JR)

MGR

04/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date