

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000111776

**Entity Name:** REJUVENARE GLAMOUR MEDICA, LLC

**Current Principal Place of Business:**

1305 MORGAN STANLEY AVENUE SUITE 528  
WINTER PARK, FL 32789

**Current Mailing Address:**

1305 MORGAN STANLEY AVENUE SUITE 528  
WINTER PARK, FL 32789 US

**FEI Number: 81-2913458**

**Certificate of Status Desired: No**

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

VELARDE, CARLO  
1305 MORGAN STANLEY AVENUE  
528  
WINTER PARK, FL 32789 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  
Name VELARDE, CARLO  
Address 1305 MORGAN STANLEY AVENUE  
528  
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY  
Name HEIN, MAYA  
Address 1305 MORGAN STANLEY AVENUE  
528  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name VELARDE, CARLO  
Address 1305 MORGAN STANLEY AVENUE  
528  
City-State-Zip: WINTER PARK FL 32789

*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: CARLO VELARDE**

**MANAGING PARTNER**

**04/07/2019**

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

\_\_\_\_\_  
Date