

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000111776

Entity Name: REJUVENARE GLAMOUR MEDICA, LLC**Current Principal Place of Business:**1611 ORANOLE RD
MAITLAND, FL 32751**Current Mailing Address:**1611 ORANOLE RD
MAITLAND, FL 32751 US**FEI Number:** 81-2913458**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VELARDE, CARLO
1611 ORANOLE RD
MAITLAND, FL 32751 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	1611 ORANOLE RD
City-State-Zip:	MAITLAND FL 32751

Title	SECRETARY
Name	HEIN, MAYA
Address	1611 ORANOLE RD
City-State-Zip:	MAITLAND FL 32751

Title	MGR
Name	VELARDE, CARLO
Address	1611 ORANOLE RD
City-State-Zip:	MAITLAND FL 32751

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**GENERAL MANAGER****04/26/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date