

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000214710

**Entity Name:** AGELESS MED SPA, L.L.C.

**Current Principal Place of Business:**

21150 BISCAYNE BLVD.  
101  
AVENTURA, FL 33180

**Current Mailing Address:**

14283 71ST PL N  
WALKERJACQUELIN@YAHOO.COM  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 81-5114473

**Certificate of Status Desired:** No

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

JACQUELIN WALKER CONSULTING, INC  
14283 71ST PL N  
LOXAHATCHEE, FL 33470 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 MGR  
Name WALKER, JACQUELIN  
Address 14283 71ST PL N  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** JACQUELIN WALKER

**PRESIDENT**

**03/07/2017**

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

\_\_\_\_\_  
Date