

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000215086

Entity Name: REJUVEMED LLC

Current Principal Place of Business:

803 WILD OAK AVE
DESTIN, FL 32541

Current Mailing Address:

803 WILD OAK AVE
DESTIN, FL 32541 US

FEI Number: 82-3166176

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAUDUMIEY, PIERRE D
803 WILD OAK AVE
DESTIN, FL 32541 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 AR
Name LAUDUMIEY, PIERRE D
Address 803 WILD OAK AVE
City-State-Zip: DESTIN FL 32541

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: PIERRE LAUDUMIEY

REGISTERED AGENT

04/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date