

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000231885

Entity Name: THE ANTI-AGING CLINIC OF NORTHWEST FLORIDA, LLC

Current Principal Place of Business:

13569 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

3019 OSPREY CIRCLE
PANAMA CITY, FL 32405 US

FEI Number: 82-3564668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWELL CPA GROUP
408 W. BALDWIN RD
PANAMA CITY, FL 32405 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 AMBR
Name RAMSDEN, TIMOTHY
Address 3019 OSPREY CIR
City-State-Zip: PANAMA CITY FL 32405

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: TIMOTHY RAMSDEN

MD OWNER

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date