

**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