

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000180711

**Entity Name:** MIND REJUVENATION, LLC

**Current Principal Place of Business:**

13940 US HWY 441  
STE 210  
THE VILLAGES, FL 32159

**Current Mailing Address:**

1628 STERNS DRIVE  
LEESBURG, FL 34748

**FEI Number:** 83-2797824

**Certificate of Status Desired:** No

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

CHATMAN, CANDAECE  
1628 STERNS DRIVE  
LEESBURG, FL 34748 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           MANAGER  
Name            GOLDEN, RAEN  
Address         1628 STERNS DRIVE  
City-State-Zip: LEESBURG FL 34748

Title            PRESIDENT  
Name            CHATMAN, CANDAECE  
Address         1628 STERNS DRIVE  
City-State-Zip: LEESBURG FL 34748

*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:** CANDAECE CHATMAN

**PRESIDENT**

**06/25/2020**

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

\_\_\_\_\_  
Date