

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000218835

**Entity Name:** DIVINE MEDICAL SPA, LLC

**Current Principal Place of Business:**

6 FLORA AVENUE  
KEY WEST, FL 33040

**Current Mailing Address:**

6 FLORA AVENUE  
KEY WEST, FL 33040 US

**FEI Number: 83-1901204**

**Certificate of Status Desired: No**

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

GOLDBERG, PETER  
6 FLORA AVENUE  
KEY WEST, FL 33040 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: PETER GOLDBERG**

**02/13/2019**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	CEO
Name	GOLDBERG, PETER	Name	SHUBCHINSKAYA, OKSANA
Address	6 FLORA AVENUE	Address	6 FLORA AVENUE
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

*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: PETER GOLDBERG**

**PRESIDENT**

**02/13/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date