

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000232291

**Entity Name:** DIVINE NAPLES LLC

**Current Principal Place of Business:**

851 4TH AVE SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

865 4TH AVE SOUTH  
NAPLES, FL 34102

**FEI Number:** 83-2097738

**Certificate of Status Desired:** No

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

MY BODY T.L.C., LLC  
865 4TH AVE SOUTH  
NAPLES, FL 34102 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 MY BODY T.L.C., LLC  
Address 865 4TH AVE SOUTH  
City-State-Zip: NAPLES FL 34102

Title AMBR  
Name PLANAVSKA, MARTINA  
Address 865 4TH AVE SOUTH  
City-State-Zip: NAPLES FL 34102

*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:** MARTINA PLANAVSKA

AMBR

04/26/2021

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

\_\_\_\_\_  
Date