# 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.

MANAGER

SIGNATURE: ANGEL PEREZ

Electronic Signature of Signing Authorized Person(s) Detail

3041 SW 47 STREET FORT LAUDERDALE, FL 33312

**Current Principal Place of Business:** 

## Current Mailing Address:

DOCUMENT# L19000108190

3041 SW 47 STREET FORT LAUDERDALE, FL 33312

### FEI Number: 85-1417233

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

PEREZ, ANGEL L 3041 SW 47 STREET FORT LAUDERDALE, FL 33312 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: ANGEL PEREZ

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGR
Name	PEREZ, ANGEL L
Address	3041 SW 47 STREET
City-State-Zip:	FORT LAUDERDALE FL 33312

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ALP HEALING TOUCH REJUVENATION, LLC

#### FILED Jan 16, 2023 Secretary of State 0278271520CC

Certificate of Status Desired: No

01/16/2023 Date

01/16/2023

Date