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: ANGEL PEREZ

Electronic Signature of Signing Authorized Person(s) Detail

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

DOCUMENT# L19000108190

FORT LAUDERDALE. FL 33312

Current Mailing Address: 3041 SW 47 STREET

3041 SW 47 STREET

Current Principal Place of Business:

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 :

Name PEREZ, ANGEL L Address 3041 SW 47 STREET

Certificate of Status Desired: Yes

04/30/2024 Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ALP HEALING TOUCH REJUVENATION, LLC

Title MGR

City-State-Zip: FORT LAUDERDALE FL 33312

MANAGER

04/30/2024

Date