

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000221575

**Entity Name:** REJUVEN8 MED SPA LLC

**Current Principal Place of Business:**

2260 PALM BEACH LAKES BL  
204  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2260 PALM BEACH LAKES BL  
204  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 84-2893403

**Certificate of Status Desired:** Yes

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

DICKINSON, RYAN J  
1060 HOLLAND DRIVE  
M  
BOCA RATON, FL 33487 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 MGR  
Name DICKINSON, RYAN J  
Address 1060 HOLLAND DRIVE - SUITE M  
City-State-Zip: BOCA RATON FL 33487

Title AMBR  
Name RACHEL, RODRIGUEZ  
Address 2260 PALM BEACH LAKES BL - #204  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** RYAN DICKINSON

**MANAGER**

**01/17/2020**

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

\_\_\_\_\_  
Date