

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000248270

**Entity Name:** KIVA MEDSPA LLC

**Current Principal Place of Business:**

17N SUMMERLIN AVENUE  
ORLANDO, FL 32801

**Current Mailing Address:**

17N SUMMERLIN AVENUE  
ORLANDO, FL 32801 US

**FEI Number: 84-3487672**

**Certificate of Status Desired: No**

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

KENDRICK LAW GROUP  
630 N. WYMORE RD  
STE 370  
WINTER PARK, FL 32751 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	Title	MGR
Name	BUSH, ASHLEI K	Name	MARKOVITZ, KARA
Address	1034 TURNER ROAD	Address	1034 TURNER RD
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

*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: KARA MARKOVITZ**

**OWNER**

**04/11/2023**

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

\_\_\_\_\_  
Date