

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000292788

**Entity Name:** REJUVEN8MD, LLC

**Current Principal Place of Business:**

7666 CYPRESS CRES  
BOCA RATON, FL 33433

**Current Mailing Address:**

7666 CYPRESS CRES  
BOCA RATON, FL 33433

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DEAKTER, DANIEL R  
7666 CYPRESS CRES  
BOCA RATON, FL 33433 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	MCCALLA, TIFFANY	Name	REJUVEN8MD PA
Address	14471 PADDOCK DRIVE	Address	7666 CYPRESS CRES
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	BOCA RATON FL 33433

*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:** DANIEL DEAKTER

**REGISTERED AGENT**

**06/08/2020**

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

\_\_\_\_\_  
Date