

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000148676

**Entity Name:** IMMUNITY HEALTH SPA LLC

**Current Principal Place of Business:**

480 N. U.S. HWY 27/441  
LADY LAKE, FL 32159

**Current Mailing Address:**

10690 NE 104TH CIRCLE  
OXFORD, FL 34484

**FEI Number:** 85-1244844

**Certificate of Status Desired:** No

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

CICERI, SABRINA  
10690 NE 104TH CIRCLE  
OXFORD, FL 34484 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	CICERI, JOE	Name	CICERI, SABRINA
Address	10690 NE 104TH CIRCLE	Address	10690 NE 104TH CIRCLE
City-State-Zip:	OXFORD FL 34484	City-State-Zip:	OXFORD FL 34484

*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:** JOE CICERI

**MANAGER**

**04/22/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date