

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000326367

**Entity Name:** JW REJUVENATION, LLC

**Current Principal Place of Business:**

106 BOSTON AVENUE  
103  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

P.O. BOX 162117  
ALTAMONTE SPRINGS, FL 32716

**FEI Number:** 86-2642902

**Certificate of Status Desired:** No

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

JUMPER, EDDIE DR.  
180 IBIS ROAD  
LONGWOOD, FL 32779 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           | AMBR              |
| Name            | WOODS, ABRAHAM DR. | Name            | JUMPER, EDDIE DR. |
| Address         | 180 IBIS ROAD      | Address         | 180 IBIS ROAD     |
| City-State-Zip: | LONGWOOD FL 32779  | City-State-Zip: | LONGWOOD FL 32779 |

*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:** EDDIE JUMPER

AMBR

03/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date