

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000327401

**Entity Name:** BODY REJUVENATION, LLC

**Current Principal Place of Business:**

901 PONCE DE LEON BVD.  
SUITE 200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 402566  
MIAMI BEACH, FL 33140 US

**FEI Number: 85-3140344**

**Certificate of Status Desired:** No

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

WELLS & WELLS, P.A.  
901 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 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 GARCIA, CARLOS M SR.  
Address 901 PONCE DE LEON BLVD., SUITE  
200  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name WILMORE, WILLIAM G  
Address 100 N FEDERAL HIGHWAY  
SUITE 201  
City-State-Zip: HALLANDALE BEACH FL 33009

Title AMBR  
Name WILMORE, SANDRA  
Address 100 N FEDERAL HWY  
SUITE 201  
City-State-Zip: HALLANDALE BEACH FL 33009

*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: CARLOS MANUEL GARCIA**

**MANAGER**

**05/05/2022**

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

\_\_\_\_\_  
Date