

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000141119

Entity Name: AGE REJUVENATION FRANCHISE, LLC

Current Principal Place of Business:

3415 W BEAUMONT ST
TAMPA, FL 33611

Current Mailing Address:

3415 W BEAUMONT ST
TAMPA, FL 33611

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARKOWITZ, BRETT
3415 W BEAUMONT ST
TAMPA, FL 33611 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 MBR
Name MARKOWITZ, BRETT
Address 3415 W BEAUMONT ST
City-State-Zip: TAMPA FL 33611

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: BRETT MARKOWITZ

MBR

03/25/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date