

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000332306

**Entity Name:** REVIVE OASIS IV THERAPY MEDICAL SPA, LLC

**Current Principal Place of Business:**

4 W. OAKRIDGE ROAD  
ORLANDO, FL 32809

**Current Mailing Address:**

4 W. OAKRIDGE ROAD  
ORLANDO, FL 32809

**FEI Number: 87-2064965**

**Certificate of Status Desired: Yes**

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

PENA, YVONNE  
3828 EMERALD ESTATES CIRCLE  
APOPKA, FL 32703 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 AP  
Name GRIFFIN, MIOSOTIZ  
Address 4 W. OAKRIDGE ROAD  
City-State-Zip: ORLANDO FL 32809

*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: MIOSOTIZ GRIFFIN**

**02/17/2024**

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

\_\_\_\_\_ Date