# 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.

MGR

SIGNATURE: MARTEN, ROBERT D

Electronic Signature of Signing Authorized Person(s) Detail

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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MARTEN, ROBERT D	Name	INGRAM, JANNETT
Address	1951 ATLANTIC SHORES, #25	Address	1951 ATLANTIC SHORES, #25
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000424356

Entity Name: REFLECTIONS HEALTH AND MED SPA LLC

# Current Principal Place of Business:

1951 ATLANTIC SHORES #25 HALLANDALE BEACH, FL 33009

#### **Current Mailing Address:**

1951 ATLANTIC SHORES #25 HALLANDALE BEACH, FL 33009 US

#### FEI Number: 87-2875053

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

POLLARI, PATRICIA 3924 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33065 US

Date

Certificate of Status Desired: No

04/25/2023