I hereby certify that the information indicated on this report or supplemental report is true and acc oath; that I am a managing member or manager of the limited liability company or the receiver or that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: ELIZABETH ARP	MGR	04/26/2024

SIGNATURE: ELIZABETH ARP

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip:	LUTZ FL 33549	City-State-Zip:	LUTZ FL 33549

### 1

SIGNATURE: ELIZABETH ARP

	Electronic Signature of Registered Agent					
Authorized Person(s) Detail :						
Title	MGR	Title	MGR			
Name	PATSALOS, ALEXANDRA	Name	ARP, ELIZABETH			
Address	18311 US 41 N #15	Address	18311 US 41 N #15			

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.

#15

# FEI Number: 92-1215709

# Name and Address of Current Registered Agent:

LUTZ, FL 33549

### 2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT DOCUMENT# L22000499013

Entity Name: ESSENTIAL REJUVENATION LLC

## **Current Principal Place of Business:**

18311 US 41 N #15

### **Current Mailing Address:**

LUTZ, FL 33549 US

18311 US 41 N LUTZ, FL 33549 US

ARP, ELIZABETH 18311 US 41 N #15

### FILED Apr 26, 2024 Secretary of State 0573100345CC

04/26/2024 Date

Certificate of Status Desired: No