

# L08000104125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

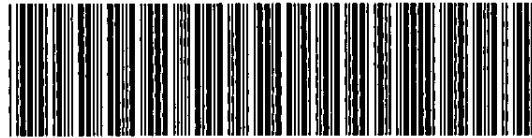
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 15 2012

EXAMINER



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Strax Rejuvenation of Boca Raton, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert Auer

Name of Person

Strax Rejuvenation of Boca Raton, LLC

Firm/Company

950 Glades Road, 5th Floor

Address

Boca Raton, FL 33431

City/State and Zip Code

auer@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Auer

Name of Person

at ( 954 )

7493040

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy