

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000006562

**Entity Name:** BIOVITAL MED SPA LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

17120 ROYAL PALM BLVD.  
SUITE 3  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

17120 ROYAL PALM BLVD.  
SUITE 3  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 27-1719638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAVIA, MARIA F  
14875 SW 40TH ST.  
DAVIE, FL 33331 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** NAVIA, MARIA F  
**Address:** 14875 SW 40TH ST  
**City-St-Zip:** DAVIE, FL 33331

**Title:** MGRM  
**Name:** ZENO, MAYRADELOURDES  
**Address:** 90 SW 3RD ST. PENTHOUSE # 5  
**City-St-Zip:** MIAMI, FL 33130

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARIA F NAVIA

MGRM

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date