

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000053430

Entity Name: PLEIN DE VIE MED & WELLNESS SPA INC

Current Principal Place of Business:

5628 STRAND BLVD
B-2
NAPLES, FL 34110

Current Mailing Address:

5628 STRAND BLVD
B-2
NAPLES, FL 34110 US

FEI Number: 87-0937997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOWER DENTAL, INC.
11121 HEALTH PARK BLVD
200
NAPLES, FL 34110 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

Officer/Director Detail :

Title P
Name ROCHA, SONIA A
Address 5628 STRAND BLVD SUITE B-2
City-State-Zip: NAPLES FL 34110

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SONIA ROCHA

P

06/20/2024

Electronic Signature of Signing Officer/Director Detail

Date