

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000044087

**Entity Name:** AMETHYST QUANTUM REJUVENATION CENTER, L.L.C.

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC0408952131**

**Current Principal Place of Business:**

2645 SW 37 AVENUE  
SUITE 701  
MIAMI, FL 33135

**Current Mailing Address:**

2645 SW 37 AVENUE  
701  
MIAMI, FL 33133

**FEI Number:** 20-2803792

**Certificate of Status Desired:** No

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

MORENO, MAYDELINE  
2645 SW 37 AVE  
SUITE 701  
MIAMI, FL 33135 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

**Authorized Person(s) Detail :**

Title MGR  
Name MORENO, MAYDELINE  
Address 18634 SW 47TH CT.  
City-State-Zip: MIRAMAR FL 33029

Title MGR  
Name MORENO, ADOLFO  
Address 18634 SW 47 CT  
City-State-Zip: MIRAMAR FL 33029

*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.*

**SIGNATURE:** MAYDELINE MORENO

**OWNER**

**04/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date