

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073741

**Entity Name:** LONGEVITY HEALTH INSTITUTE, LLC

**Current Principal Place of Business:**

2416 24TH LANE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

2416 24TH LANE  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 27-0671634

**Certificate of Status Desired:** No

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

WALLACE, JOUSHUA J  
2416 24TH LANE  
PALM BEACH GARDENS, FL 33418 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            PRESIDENT  
Name            WALLACE, JOSHUA J  
Address        2416 24TH LANE  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** JOSHUA WALLACE

PRESIDENT

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date