

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000073741

Entity Name: LONGEVITY HEALTH INSTITUTE, LLC

Current Principal Place of Business:

4903 MIDTOWN LANE
3120
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4903 MIDTOWN LANE
3120
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
4903 MIDTOWN LANE
3120
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 4903 MIDTOWN LANE
 3120
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

01/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date