

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000105724

**Entity Name:** BODY SYMPHONY LLC

**Current Principal Place of Business:**

3226 CLARK RD.  
SARASOTA, FL 34231

**Current Mailing Address:**

3226 CLARK RD.  
SARASOTA, FL 34231 US

**FEI Number:** 27-1731119

**Certificate of Status Desired:** No

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

AGE REVERSAL TECHNOLOGY CENTER LLC  
3226 CLARK RD.  
SARASOTA, FL 34231 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:** AUDREY MCCOMB

02/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name AGE REVERSAL TECHNOLOGY  
CENTER  
Address 3226 CLARK RD.  
City-State-Zip: SARASOTA FL 34231

Title CEO  
Name AGE REVERSAL TECHNOLOGY  
CENTER, PMA  
Address 3226 CLARK RD.  
City-State-Zip: SARASOTA FL 34231

Title PRES  
Name MCCOMB, BACH  
Address 4445 PROCTOR RD.  
City-State-Zip: SARASOTA FL 34233

Title MGR  
Name MCCOMB, AUDREY  
Address 4445 PROCTOR RD.  
City-State-Zip: SARASOTA FL 34233

*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:** AUDREY MCCOMB

MGR

02/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date