

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000086286

**Entity Name:** AGELESS MEDICINE OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

6390 WEST INDIANTOWN ROAD,  
UNIT 28  
JUPITER, FL 33458

**Current Mailing Address:**

2195 NORTHFORK DRIVE  
JUPITER, FL 33458 US

**FEI Number:** 47-0973584

**Certificate of Status Desired:** No

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

ROSSELLI, MATTEO  
2195 NORTHFORK DRIVE  
JUPITER, FL 33458 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 MGRM  
Name ROSSELLI, MATTEO  
Address 2195 NORTHFORK DRIVE  
City-State-Zip: JUPITER FL 33458

*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:** MATTEO ROSSELLI

MGMR

01/19/2015

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

\_\_\_\_\_ Date