

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000203620

Entity Name: THE MED SPA, LLC

Current Principal Place of Business:

6900 DANIELS PARKWAY
SUITE 29-398
FORT MYERS, FL 33912

Current Mailing Address:

6900 DANIELS PARKWAY
SUITE 29-398
FORT MYERS, FL 33912

FEI Number: 61-1779378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 AMBR
Name TURSI, KAMILA
Address 6900 DANIELS PARKWAY, SUITE 29-
 398
City-State-Zip: FORT MYERS FL 33912

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: KAMILA TURSI

AMBR

03/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date