

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000010138

**Entity Name:** SPA LUXOR MEDICAL MASSAGE AND WELLNESS CENTER  
LLC

**FILED**  
**Mar 07, 2023**  
**Secretary of State**  
**2931332328CC**

**Current Principal Place of Business:**

3711 E SILVER SPRINGS BLVD  
63  
OCALA, FL 34473

**Current Mailing Address:**

3711 E SILVER SPRINGS BLVD  
63  
OCALA, FL 34473 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

MARTIN, VERONICA MS.  
3711 E SILVER SPRINGS BLVD  
63  
OCALA, FL 34473 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:** VERONICA MARTIN

03/07/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MARTIN, VERONICA MS  
Address 3711 E SILVER SPRINGS BLVD  
63  
City-State-Zip: Ocala FL 34473

*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:** VERONICA MARTIN

**OWNER**

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date