

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000078695

**Entity Name:** MAXALLURE REJUVENATION SYSTEMS, LLC

**Current Principal Place of Business:**

1533 OAK WAY  
SARASOTA, FL 34232

**Current Mailing Address:**

PO BOX 39  
SARASOTA, FL 34230

**FEI Number: 81-2348916**

**Certificate of Status Desired: No**

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

RODRIGUEZ, TOMAS R  
1533 OAK WAY  
SARASOTA, FL 34232 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 MGR  
Name RODRIGUEZ, TOMAS R  
Address 1533 OAK WAY  
City-State-Zip: SARASOTA FL 34232

*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: TOMAS RODRIGUEZ**

**MGR**

**05/03/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date