

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000078695

Entity Name: MAXALLURE REJUVENATION SYSTEMS, LLC

Current Principal Place of Business:

1950 ARLINGTON STREET
SUITE 112
SARASOTA, FL 34239

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
3610 TORREY PINES WAY
SARASOTA, FL 34238 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 3610 TORREY PINES WAY
City-State-Zip: SARASOTA FL 34238

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 R RODRIGUEZ

MANAGER

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date