

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000098415

**Entity Name:** MIDTOWN MIAMI MEDSPA, PLLC

**Current Principal Place of Business:**

3250 NE 1ST AVENUE  
SUITE 504  
MIAMI, FL 33137

**Current Mailing Address:**

11327 COUNTRYWAY BOULEVARD  
TAMPA, FL 33626 US

**FEI Number:** 81-2722848

**Certificate of Status Desired:** No

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

ELLIS, JONATHAN  
101 EAST KENNEDY BOULEVARD  
SUITE 2800  
TAMPA, FL 33602 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 ARVIV, TALI M.D.  
Address 11327 COUNTRYWAY BOULEVARD  
City-State-Zip: TAMPA FL 33626

*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:** TALI ARVIV

**OWNER**

**02/09/2024**

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

\_\_\_\_\_  
Date