

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000182615

Entity Name: XHALE MED SPA, LLC

Current Principal Place of Business:

9096 THE LANE
NAPLES, FL 34109

Current Mailing Address:

9096 THE LANE
NAPLES, FL 34109

FEI Number: 47-0991723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAULERSON, DAVID M
1515 BROADWAY
FORT MYERS, FL 33901 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 YARNELL, DAWN
Address 9096 THE LANE
City-State-Zip: NAPLES FL 34109

Title MGR
Name WAGNER, JENNIFER
Address 14890 TYBEE ISLAND CT
City-State-Zip: NAPLES FL 34119

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: DAWN YARNELL

MANAGER

08/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date