

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000174376

**Entity Name:** SPA MED CONFERENCE.INTER GROUP. LLC

**Current Principal Place of Business:**

2054 VISTA PARKWAY  
SUITE 400  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

2054 VISTA PARKWAY  
SUITE 400  
WEST PALM BEACH, FL 33411 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BARON, CAROL  
2054 VISTA PARKWAY  
SUITE 400  
WEST PALM BEACH, FL 33411 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:** CAROL BARON

04/30/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BARON, CAROL  
Address 2054 VISTA PARKWAY  
SUITE 400  
City-State-Zip: WEST PALM BEACH FL 33411

Title AMBR  
Name TEXIDOR, HECTOR J  
Address 2054 VISTA PARKWAY  
SUITE 400  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** BARON , CAROL

**PRESIDENT**

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date