

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000041846

**Entity Name:** REGENERATE ME NOW, LLC

**Current Principal Place of Business:**

5240 COMPASS POINTE CIRCLE  
VERO, FL 32966

**Current Mailing Address:**

5240 COMPASS POINTE CIRCLE  
VERO, FL 32966 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TORRES-OLSEN, VIVIAN  
7795 15TH LANE  
VERO BEACH, FL 32966 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 TORRES-OLSEN, VIVIAN  
Address 7795 15TH LANE  
City-State-Zip: VERO BEACH FL 32966

*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:** VIVIAN TORRES-OLSEN

MANAGER

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date