

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000069523

**Entity Name:** ROYAL AGAPE DAY SPA LLC

**Current Principal Place of Business:**

2106 DREW ST  
101  
CLEARWATER, FL 33765

**Current Mailing Address:**

2106 DREW ST  
101  
CLEARWATER, FL 33765 US

**FEI Number:** 83-2429729

**Certificate of Status Desired:** No

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

LEE, KRISTI L  
2106 DREW ST  
101  
CLEARWATER, FL 33765 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 LEE, KRISTI L  
Address 2106 DREW ST  
101  
City-State-Zip: CLEARWATER FL 33765

*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:** KRISTI LEE

**MANAGER**

**01/04/2022**

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

\_\_\_\_\_  
Date