

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000093453

**Entity Name:** CLASSIC VANTAGE SPA & WELLNESS, LLC

**Current Principal Place of Business:**

2020 PONCE DE LEON BLVD  
SUITE 106  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2020 PONCE DE LEON BLVD.  
SUITE 106  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-5212375

**Certificate of Status Desired:** No

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

BENNETT, EDWARD K  
466 BRIARWOOD CIR # 2-60  
HOLLYWOOD, FL 33024-1392 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 ZULUETA, MERCEDES  
Address 466 BRIARWOOD CIR # 2-60  
City-State-Zip: HOLLYWOOD FL 33024-1392

Title CFO  
Name BENNETT, EDWARD K  
Address 466 BRIARWOOD CIR # 2-60  
City-State-Zip: HOLLYWOOD FL 33024-1392

*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:** MERCEDES ZULUETA

**PRESIDENT**

**05/01/2025**

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

\_\_\_\_\_  
Date