

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000109270

**Entity Name:** SPA ZONE LLC

**Current Principal Place of Business:**

5600 COLLINS AVE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

6460 CUSTER STREET  
HOLLYWOOD, FL 33024 US

**FEI Number:** 82-5381575

**Certificate of Status Desired:** No

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

FERNANDEZ, WANDA  
1535 NE 158TH ST  
NMB, FL 33162 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            CEO  
Name            FERNANDEZ, WANDA  
Address        1535 NE 158TH ST  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** FERNANDEZ, WANDA

**OWNER**

**03/08/2021**

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

\_\_\_\_\_  
Date