

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000286872

**Entity Name:** LIFEGAINES MEDICAL AND AESTHETICS LLC

**Current Principal Place of Business:**

3785 N FEDERAL HWY  
BOCA RATON, FL 33431

**Current Mailing Address:**

3785 N FEDERAL HWY  
BOCA RATON, FL 33431

**FEI Number:** 83-2910652

**Certificate of Status Desired:** No

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

STEFFEY, AMY  
3785 N FEDERAL HWY  
BOCA RATON, FL 33431 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 MGRM  
Name CBO LLC  
Address 17702 CADENA DR  
City-State-Zip: BOCA RATON FL 33496

Title MGRM  
Name STEFFEY, AMY  
Address 233 S FEDERAL HWY APT 711  
City-State-Zip: BOCA RATON FL 33432

Title MGRM  
Name GAINES, RICHARD  
Address 233 S FEDERAL HWY APT 711  
City-State-Zip: BOCA RATON FL 33432

*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:** AMY STEFFEY

MGRM

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date