

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000071223

**Entity Name:** AVIE REGENRATIVE MEDICINE LLC

**Current Principal Place of Business:**

4 VIA CAPRI  
PALM COAST, FL, AL 32137

**Current Mailing Address:**

4 VIA CAPRI  
PALM COAST, FL, AL 32137 US

**FEI Number:** 83-4095639

**Certificate of Status Desired:** No

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

ALLEN, DENNIS W  
63 PORT ROYAL DR.  
PALM COAST, FL 32164 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	AR	Title	AR
Name	ALLEN, DENNIS	Name	ALEA, FRANK
Address	63 PORT ROYAL DR.	Address	4 VIA CAPRI
City-State-Zip:	PALM COAST FL 32164	City-State-Zip:	PALM COAST FL 32137

*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:** DENNIS W ALLEN

**PARTNER**

**04/21/2021**

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

\_\_\_\_\_  
Date