

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000020963

**Entity Name:** BELLAVISTA MEDI SPA LLC

**Current Principal Place of Business:**

7403 TEMPLE TERRACE HWY  
SUITE B  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

7403 TEMPLE TERRACE HWY  
SUITE B  
TEMPLE TERRACE, FL 33637 US

**FEI Number:** 84-4275016

**Certificate of Status Desired:** No

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

BIASETTI, LAURA  
4209 WOODSTORKS WALK WAY  
UNIT 201  
LUTZ, FL 33558 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 BIASETTI, LAURA  
Address 4209 WOODSTORKS WALK WAY UNIT  
201  
City-State-Zip: LUTZ FL 33558

Title MGR  
Name BIASETTI, PAULA  
Address 4209 WOODSTORKS WALK UNIT 201  
City-State-Zip: LUTZ FL 33558

*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:** LAURA BIASETTI

MGR

01/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date