

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000332097

**Entity Name:** PALMETTO BAY MED SPA, LLC

**Current Principal Place of Business:**

9757 E. INDIGO ST  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

9757 E. INDIGO ST  
PALMETTO BAY, FL 33157

**FEI Number: 85-3533710**

**Certificate of Status Desired: No**

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

FRANCO, RIGOBERTO  
9757 E. INDIGO ST  
PALMETTO BAY, FL 33157 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 FRANCO, RIGOBERTO  
Address 9757 E. INDIGO ST  
City-State-Zip: PALMETTO BAY FL 33157

Title MGR  
Name PENA, BERTHA  
Address 9757 E. INDIGO ST  
City-State-Zip: PALMETTO BAY FL 33157

*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: BERTHA PENA**

**OFFICE MANAGER**

**01/05/2021**

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

\_\_\_\_\_  
Date