

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000291945

**Entity Name:** IV REJUVENATION THERAPY LLC

**Current Principal Place of Business:**

9317 NW 114 TH LANE  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

9317 NW 114 TH LANE  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LOPEZ TELLERIA, PAVEL MIGUEL  
9317 NW 114TH LN  
HIALEAH, FL 33018 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:** PAVEL MIGUEL LOPEZ TELLERIA

04/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED MEMBER
Name	LOPEZ TELLERIA, PAVEL M	Name	GARCIA LUIS, MAITTE
Address	9317 NW 114 LANE	Address	9317 NW 114TH LANE
City-State-Zip:	HIALEAH GARDENS FL 33018	City-State-Zip:	MIAMI FL 33018

*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:** PAVEL MIGUEL LOPEZ TELLERIA

**PRESIDENT**

04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date