

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000332795

**Entity Name:** ATHENAMEDSPA, LLC

**Current Principal Place of Business:**

903 SE MONTEREY COMMONS BLVD  
STUART, FL 34996

**Current Mailing Address:**

903 SE MONTEREY COMMONS BLVD  
STUART, FL 34996 US

**FEI Number:** 87-2687297

**Certificate of Status Desired:** No

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

YONGE, TYLER L  
6987 EAST FOWLER AVE  
TAMPA, FL 33617 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 LIPSCHITZ, AVRON  
Address 4101 SW BIMINI CIRCLE NORTH  
City-State-Zip: PLAM CITY FL 34990

Title MGR  
Name SNODGRASS, JOANNE  
Address 4101 SW BIMINI CIRCLE NORTH  
City-State-Zip: PALM CITY FL 34990

*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:** AVRON LIPSCHITZ

**MANAGER**

**04/29/2022**

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

\_\_\_\_\_  
Date