

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000041107

**Entity Name:** M2MEDSPA, LLC

**Current Principal Place of Business:**

920 INTERNATIONAL PARKWAY SUITE 1056  
LAKE MARY, FL 32746

**Current Mailing Address:**

6951 SYLVAN WOODS DRIVE  
SANFORD, FL 32771 UN

**FEI Number:** 88-1016388

**Certificate of Status Desired:** No

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

MAGEE, MICHAEL J  
6951 SYLVAN WOODS DRIVE  
SANFORD, FL 32771 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            CEO  
Name            MAGEE, MICHAEL J  
Address        6951 SYLVAN WOODS DRIVE  
City-State-Zip: SANFORD FL 32771

*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:** MICHAEL MAGEE

**MANAGER/CEO**

**05/01/2023**

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

\_\_\_\_\_  
Date