

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000322401

**Entity Name:** VITA MEDSPA LLC

**Current Principal Place of Business:**

1115 VIDINA PL #101, STE 123  
OVIEDO, FL 32765

**Current Mailing Address:**

10926 DERRINGER DR  
ORLANDO, FL 32829 US

**FEI Number:** 88-3420132

**Certificate of Status Desired:** Yes

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

ARBOLEDA, LESLIE  
7522 WILES RD  
SUITE B206  
CORAL SPRINGS, FL 33067 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            OWNER, FOUNDER  
Name            SHRAIM, IBRAHIM  
Address        10926 DERRINGER DR  
City-State-Zip: ORLANDO FL 32829

*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:** IBRAHIM SHRAIM

VITA MEDSPA, LLC

03/20/2025

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

\_\_\_\_\_  
Date