

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000002460

**Entity Name:** SOUTH LAKE MEDICAL SPA, LLC

**Current Principal Place of Business:**

290 CITRUS TOWER BLVD  
SUITE 110  
CLERMONT, FL 34711

**Current Mailing Address:**

290 CITRUS TOWER BLVD  
SUITE 110  
CLERMONT, FL 34711 US

**FEI Number:** 92-1590289

**Certificate of Status Desired:** No

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

CASAVANT, NICOLE  
16410 LAKESHORE DRIVE  
MINNEOLA, FL 34711 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 CASAVANT, MATTHEW S  
Address 16410 LAKESHORE DRIVE  
City-State-Zip: MINNEOLA FL 34715

Title MGR  
Name CASAVANT, NICOLE  
Address 16410 LAKESHORE DRIVE  
City-State-Zip: MINNEOLA FL 34715

*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:** NICOLE CASAVANT

**OWNER**

**02/07/2025**

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

\_\_\_\_\_  
Date