

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000127501

**Entity Name:** ICEFIT STUDIO MEDSPA LLC

**Current Principal Place of Business:**

321 NORTHLAKE BLVD  
SUITE 105  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

321 NORTHLAKE BLVD  
SUITE 105  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 92-3280485

**Certificate of Status Desired:** No

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

MCREYNOLDS, CATHY  
321 NORTHLAKE BLVD  
SUITE 105  
NORTH PALM BEACH, FL 33408 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:** CATHY MCREYNOLDS

04/24/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name MCREYNOLDS, CATHY R  
Address 321 NORTHLAKE BLVD  
SUITE 105  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** CATHY R MCREYNOLDS

CEO

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date