

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000286796

**Entity Name:** VIZYON BODYSHOP, LLC

**Current Principal Place of Business:**

1002 S C ST  
LAKE WORTH, FL 33460

**Current Mailing Address:**

1002 S C ST  
LAKE WORTH, FL 33460

**FEI Number:** 93-1854821

**Certificate of Status Desired:** Yes

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

PERCEVAL, WILCENE  
1002 S C ST  
LAKE WORTH, FL 33460 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 PERCEVAL, WILCENE  
Address 1002 S C ST  
City-State-Zip: LAKE WORTH FL 33460

*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:** WILCENE PERCEVAL

AMBR

04/10/2025

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

\_\_\_\_\_ Date