

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L23000404537

**Entity Name:** MY BODYWORX WELL MED SPA QS, LLC

**Current Principal Place of Business:**

301 W. ATLANTIC AVE.  
SUITE R-5  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

301 W. ATLANTIC AVE.  
SUITE R-5  
DELRAY BEACH, FL 33444 US

**FEI Number:** 39-2932084

**Certificate of Status Desired:** No

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

AKSITOTI HOLDINGS LLC  
301 W. ATLANTIC AVE.  
SUITE R-5  
DELRAY BEACH, FL 33444 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:** KELVIN JONES

06/27/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            PAPILLON, RAPHAEL  
Address        964 GEORGETOWN AVE  
City-State-Zip: CLERMONT FL 34711

Title            VP  
Name            CHERY, CHRISTIAN  
Address        964 GEORGETOWN AVE  
City-State-Zip: CLERMONT FL 34711

*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:** RAPHAEL PAPILLON

PRESIDENT

06/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date