#### 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. 04/05/2024 SIGNATURE: GABY SERRETIELLO

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

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L23000434094

Entity Name: WINDERMERE MASSAGE SPA & SCHOOL LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

6735 CONROY WINDERMERE RD SUITE 318 ORLANDO, FL 32835

# **Current Mailing Address:**

6735 CONROY WINDERMERE RD **SUITE 318** ORLANDO, FL 32835 US

# FEI Number: 99-1420657

# Name and Address of Current Registered Agent:

FABRE DURAN, WANDA 1352 ORTEGA STREET WINTER SPRINGS, FL 32708 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: WANDA FABRE DURAN

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title MGR SERRETIELLO, GABY Name 1352 ORTEGA ST Address

City-State-Zip: WINTER SPRINGS FL 32765

FILED Apr 05, 2024 Secretary of State 7454429219CC

Certificate of Status Desired: No

04/05/2024

Date