

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000516505

**Entity Name:** HOLY GRAIL 140 LIFE EXTENSION INSTITUTE, LLC

**Current Principal Place of Business:**

16506 POINTE VILLAGE DRIVE SUITE 103  
LUTZ, FL 33558

**Current Mailing Address:**

16506 POINTE VILLAGE DRIVE SUITE 103  
LUTZ, FL 33558 US

**FEI Number:** 93-4811466

**Certificate of Status Desired:** No

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

HENDEE, MCKERNAN, SCHROEDER, WILKERSON & H  
1700 SOUTH MACDILL AVENUE, SUITE 200  
TAMPA, FL 33629 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 CHOPRA PARKER, RENU  
Address 16506 POINTE VILLAGE DRIVE SUITE  
103  
City-State-Zip: LUTZ FL 33558

*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:** RENU CHOPRA PARKER

MGR

04/22/2025

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

\_\_\_\_\_  
Date