

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000553378

**Entity Name:** REGENESIS RX LLC

**Current Principal Place of Business:**

5 NORTH HAYES ROAD  
OLDSMAR, FL 34677-2814

**Current Mailing Address:**

5 NORTH HAYES ROAD  
OLDSMAR, FL 34677-2814 US

**FEI Number:** 93-4884630

**Certificate of Status Desired:** No

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

MARTINEZ, JAMIE A  
5 NORTH HAYES ROAD  
OLDSMAR, FL 34677-2814 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 MARTINEZ, JAMIE A  
Address 5 NORTH HAYES ROAD  
City-State-Zip: OLDSMAR FL 34677-2814

*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:** JAMIE MARTINEZ

AMBR

01/13/2025

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

\_\_\_\_\_  
Date