

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000075666

**Entity Name:** MEANING SPA LLC

**Current Principal Place of Business:**

5109 NW 39TH AVE STE C & E  
GAINESVILLE, FL 32606

**Current Mailing Address:**

5109 NW 39TH AVE STE C & E  
GAINESVILLE, FL 32606 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

XU, DIAN JING  
5109 NW 39TH AVE STE C & E  
GAINESVILLE, FL 32606 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 AMBR  
Name XU, DIAN JING  
Address 5109 NW 39TH AVE STE C & E  
City-State-Zip: GAINESVILLE FL 32606

*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:** DIANJING XU

M

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date