

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

DOCUMENT# L24000117786

**Entity Name:** CREATIONS MED SPA LLC

**Current Principal Place of Business:**

81 WASHINGTON STREET  
SUITE 308  
SALEM, MA 01970

**Current Mailing Address:**

81 WASHINGTON STREET  
SUITE 308  
SALEM, MA 01970

**FEI Number:** 39-2164465

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FLOOR  
TALLAHASSEE, FL 32301 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 GOLDMAN, BOB  
Address 81 WASHINGTON STREET, SUITE 308  
City-State-Zip: SALEM MA 01970

Title MGR, PRESIDENT  
Name REMIS, ELIZABETH  
Address 14525 ROCKY BROOK DRIVE  
City-State-Zip: TAMPA FL 33625

Title TREASURER  
Name BUTT, MICHELLE  
Address 12125 CLEAR HARBOR DRIVE  
City-State-Zip: TAMPA FL 33626

*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:** MICHELLE BUTT

**TREASURER**

**07/06/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date