

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L24000394456

Entity Name: OVIEDO MED SPA, LLC**Current Principal Place of Business:**816 EXECUTIVE DR
OVIEDO, FL 32765**Current Mailing Address:**816 EXECUTIVE DR
OVIEDO, FL 32765 US**FEI Number:** 99-4962007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE MUNIZZI LAW FIRM
101 N WOODLAND BLVD
SUITE 601
DELAND, FL 32720 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:** JUSTIN S MUNIZZI

04/17/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	JAHNKE, ADRIANE
Address	816 EXECUTIVE DR
City-State-Zip:	OVIEDO FL 32765

Title	MGR
Name	MAHON, JESSICA
Address	816 EXECUTIVE DR
City-State-Zip:	OVIEDO FL 32765

Title	MGR
Name	MAHON, JUSTIN
Address	816 EXECUTIVE DR
City-State-Zip:	OVIEDO FL 32765

Title	MGR
Name	JAHNKE, BRAD
Address	816 EXECUTIVE DR
City-State-Zip:	OVIEDO FL 32765

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: ADRIANE JAHNKE

MGR

04/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date