

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000498958

**Entity Name:** NOVA HEALTH SPA LLC

**Current Principal Place of Business:**

16231 SW 44 LN  
MIAMI, FL 33185

**Current Mailing Address:**

16231 SW 44 LN  
MIAMI, FL 33185

**FEI Number:** 93-4261170

**Certificate of Status Desired:** No

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

CARRAZANA, RAFAEL A  
16231 SW 44 LN  
MIAMI, FL 33185 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	Title	AMBR
Name	NEWLAND, RACHEL M	Name	CARRAZANA, RAFAEL A
Address	16231 SW 44 LN	Address	16231 SW 44 LN
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33185

*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:** RAFAEL CARRAZANA

**OWNER**

**02/28/2024**

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

\_\_\_\_\_  
Date