

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000500710

**Entity Name:** BEST MED SPAS AND SALONS, LLC

**Current Principal Place of Business:**

408 NE 23RD AVENUE  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

408 NE 23RD AVENUE  
POMPANO BEACH, FL 33062 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MORGENSTERN, FREDERICK  
408 NE 23RD AVENUE  
POMPANO BEACH, FL 33062 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            AUTHORIZED REPRESENTATIVE  
Name            JOHNSON, WAYNE NORMAN  
Address        408 NE 23RD AVENUE  
City-State-Zip: POMPANO BEACH FL 33062

*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:** WAYNE JOHNSON

**AUTHORIZED  
REPRESENTATIVE**

03/11/2022

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

\_\_\_\_\_  
Date