

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000411400

**Entity Name:** SATORI SKIN SOLUTIONS LLC

**Current Principal Place of Business:**

212 NE MADISON CIRCLE N  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

212 NE MADISON CIRCLE N  
JACKSONVILLE, FL 32223 UN

**FEI Number:** 92-0433652

**Certificate of Status Desired:** No

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

BRYDGES, STEVEN CPA  
35 KNIGHT BOXX RD,  
SUITE 5  
ORANGE PARK, FL 32065 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 GEEGAN, JAMES  
Address 212 NE MADISON CIRCLE N  
City-State-Zip: ST PETERSBURG FL 33702

Title MGR  
Name EDWARD, PRIDGEN  
Address 3900 OLD FIELD CROSSING DR  
City-State-Zip: JACKSONVILLE FL 32223

Title MGR  
Name MITCHELL, EUGENE  
Address 474 N AVALON RD  
City-State-Zip: WINSTON SALEM NC 27104

*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:** GEEGAN , JAMES

MGR

05/01/2023

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

\_\_\_\_\_ Date