

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000258650

Entity Name: ESTRAESTHETICS MED SPA LLC

Current Principal Place of Business:

5955 W 21ST CT
HIALEAH, FL 33016

Current Mailing Address:

5955 W 21ST CT
HIALEAH, FL 33016

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTRADA POLO, FRANCISCA V
5955 W 21ST CT
HIALEAH, FL 33016 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
Name ESTRADA POLO, FRANCISCA V
Address 5955 W 21ST CT
City-State-Zip: HIALEAH FL 33016

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: FRANCISCA ESTRADA POLO

PRESIDEN

02/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date