

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000535519

**Entity Name:** FACIAL MANIA MED SPA ORLANDO LLC

**Current Principal Place of Business:**

5901 HAZELTINE NATIONAL DRIVE  
SUITE 565  
ORLANDO, FL 32822

**Current Mailing Address:**

9739 SWEETLEAF STREET  
ORLANDO, FL 32827 US

**FEI Number:** 93-4705236

**Certificate of Status Desired:** No

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

IRGEBAEVA, UMA  
7616 SOUTHLAND BLVD  
SUITE 110  
ORLANDO, FL 32809 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 IRGEBAEVA, UMA  
Address 7616 SOUTHLAND BLVD, SUITE 110  
City-State-Zip: ORLANDO FL 32809

*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:** UMA IRGEBAEVA

MGR

02/14/2024

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

\_\_\_\_\_  
Date