

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000083858

**Entity Name:** MED-ESTHETICS, LLC

**Current Principal Place of Business:**

36338 U.S. HIGHWAY 19  
PALM HARBOR, FL 34684

**Current Mailing Address:**

36338 U.S. HIGHWAY 19  
PALM HARBOR, FL 34684 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

LIBREROS, JAIRO  
36338 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684 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 MGRM  
Name LIBREROS, JAIRO  
Address 36338 US HIGHWAY 19 NORTH  
City-State-Zip: PALM HARBOR FL 34684

Title MGRM  
Name LIBREROS, LUZ D  
Address 36338 US HIGHWAY 19 NORTH  
City-State-Zip: PALM HARBOR FL 34684

*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:** JAIRO LIBREROS

**MGRM**

**03/20/2015**

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

\_\_\_\_\_  
Date