## 2016 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: No

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

**FILED** Apr 05, 2016

**Secretary of State** 

CC4453629127

Authorized Person(s) Detail:

Title MGRM

Title **MGRM** 

LIBREROS, JAIRO Name Name LIBREROS, LUZ D

36338 US HIGHWAY 19 NORTH Address 36338 US HIGHWAY 19 NORTH Address

City-State-Zip: PALM HARBOR FL 34684 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.

Electronic Signature of Signing Authorized Person(s) Detail