

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110047

Entity Name: BELLA FACCIA MED SPA, LLC

Current Principal Place of Business:

12216 CORTEZ BLVD.
BROOKSVILLE, FL 34613

Current Mailing Address:

12216 CORTEZ BLVD.
BROOKSVILLE, FL 34613 US

FEI Number: 45-3444019

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAVIANO, STACIE S
13047 FELLOWSHIP LANE
BROOKSVILLE, FL 34614 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 LAVIANO, STACIE S
Address 13047 FELLOWSHIP LANE
City-State-Zip: WEEKI WACHEE FL 34514

Title MGR
Name POLECRITTI, MARC
Address 10429 SPRING HILL DRIVE
City-State-Zip: SPRING HILL FL 34608

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: STACIE LAVIANO

MANAGING MEMBER

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date