I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am a managing member or manager of the limited liability company or the receiver or tr that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: LUCIA AGOSTINO	MANAGER	06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000072959

Entity Name: COSMETIC LASER SPA, LLC

## **Current Principal Place of Business:**

8611 SW 68TH CT., SUITE 3 MIAMI, FL 33143-7837

## **Current Mailing Address:**

8611 SW 68TH CT., SUITE 3 MIAMI, FL 33143-7837 US

# FEI Number: 46-2210664

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

TERNEUS, CARMEN CPA 8925 SW 148TH STREET SUITE 210 PALMETTO BAY, FL 33176 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	SNATURE: CARMEN TERNEUS, CPA			
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	AGOSTINO, LUCIA	Name	CAMARGO, FERNANDA	
Address	8611 SW 68TH CT., SUITE 3	Address	8611 SW 68TH CT., SUITE 3	
City-State-Zip:	MIAMI FL 33143-7837	City-State-Zip:	MIAMI FL 33143-7837	

Certificate of Status Desired: No

## FILED Jun 29, 2020 Secretary of State 7890518695CC

Date