

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000117281

Entity Name: CAROL ANN AESTHETICS & INTEGRATIVE MEDICINE, LLC

Current Principal Place of Business:

2461 SE STONECROP STREET.
PORT ST LUCIE, FL 34984

Current Mailing Address:

2461 SE STONECROP STREET
PORT ST LUCIE, FL 34984 US

FEI Number: 46-3510354

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSEN, CAROL ANN
2461 SE STONECROP STREET
PORT ST LUCIE,, FL 34984 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 JOHNSEN, CAROL ANN
Address 2461 SE STONECROP STREET
City-State-Zip: PORT ST LUCIE, FL 34984

Title MGRM
Name ECKES, MARY K
Address 2461 SE STONECROP STREET.
City-State-Zip: PORT ST LUCIE FL 34984

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: CAROL ANN JOHNSEN

OWNER

03/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date