

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000038778

**Entity Name:** SOUTHWEST FLORIDA WOMEN'S GROUP AESTHETICS, LLC

**FILED**  
**Mar 24, 2016**  
**Secretary of State**  
**CC2241115535**

**Current Principal Place of Business:**

1890 SOUTHWEST HEALTH PARKWAY  
SUITE 303  
NAPLES, FL 34109

**Current Mailing Address:**

1890 SOUTHWEST HEALTH PARKWAY  
SUITE 303  
NAPLES, FL 34109 US

**FEI Number: 47-3316834**

**Certificate of Status Desired: No**

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

BROTHERS, TROY ELIZABETH  
1890 SOUTHWEST HEALTH PARKWAY  
SUITE 303  
NAPLES, FL 34109 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 AMBR  
Name BROTHERS, TROY ELIZABETH  
Address 1890 SOUTHWEST HEALTH  
PARKWAY, SUITE 303  
City-State-Zip: NAPLES FL 34109

Title AMBR  
Name BEVINS, JENNIFER L.  
Address 1890 SOUTHWEST HEALTH  
PARKWAY  
SUITE 303  
City-State-Zip: NAPLES FL 34109

Title AMBR  
Name NGUYEN, PHAN ANH  
Address 1890 SOUTHWEST HEALTH  
PARKWAY  
SUITE 303  
City-State-Zip: NAPLES FL 34109

*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: TROY ELIZABETH BROTHERS**

**AMBR**

**03/24/2016**

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

\_\_\_\_\_  
Date