## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000038778

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

FILED
Apr 20, 2018
Secretary of State
CC9455753863

## **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 Title AMBR

Name BROTHERS, TROY ELIZABETH Name BEVINS, JENNIFER L.

Address 1890 SOUTHWEST HEALTH Address 1890 SOUTHWEST HEALTH

PARKWAY, SUITE 303 PARKWAY

NAPLES FL 34109 SUITE 303

City-State-Zip: NAPLES FL 34109

Title AMBR

City-State-Zip:

Name NGUYEN, PHAN ANH Title AMBR

Address 1890 SOUTHWEST HEALTH Name PACHORI, MARIA G

PARKWAY Address 1890 SOUTHWEST HEALTH SUITE 303 PARKWAY

DIES EL 24400 SUITE 303

City-State-Zip: NAPLES FL 34109 SUITE 30

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** 

04/20/2018