

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000038778

Entity Name: SOUTHWEST FLORIDA WOMEN'S GROUP AESTHETICS, LLC**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	NGUYEN, PHAN ANH
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	PACHORI, MARIA G
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

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date