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.

## 2023 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

# 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:

1

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

	Title	AMBR	Title	AMBR	
	Name	BROTHERS, TROY ELIZABETH	Name	BEVINS, JENNIFER L.	
	Address	1890 SOUTHWEST HEALTH PARKWAY, SUITE 303	Address	1890 SOUTHWEST HEALTH PARKWAY SUITE 303	
	City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109	
	Title	AMBR			
	Name	NGUYEN. PHAN ANH	Title	AMBR	
	F	1890 SOUTHWEST HEALTH	Name	PACHORI, MARIA G	
			Address	1890 SOUTHWEST HEALTH PARKWAY	
	City-State-Zip:	NAPLES FL 34109		SUITE 303	
			City-State-Zip:	NAPLES FL 34109	

SIGNATURE: TROY ELIZABETH BROTHERS

OWNER

03/17/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 17, 2023 Secretary of State 0219673802CC

Certificate of Status Desired: No

Date