

2024 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

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date