

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000165967

**Entity Name:** ALLURE AESTHETICS MEDSPA, LLC

**Current Principal Place of Business:**

14013 CLEAR WATER LANE  
FT MYERS, FL 33907

**Current Mailing Address:**

14013 CLEAR WATER LANE  
FT MYERS, FL 33907 US

**FEI Number:** 47-5201625

**Certificate of Status Desired:** No

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

HUENIKEN, JEANNINE  
14013 CLEAR WATER LANE  
FT MYERS, FL 33907 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 MGR  
Name HUENIKEN, JEANNINE  
Address 14013 CLEAR WATER LANE  
City-State-Zip: FT MYERS FL 33907

*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:** JEANNINE HUENIKEN

MGR

04/05/2017

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

\_\_\_\_\_ Date