# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PRITUBEN PATEL

Electronic Signature of Signing Authorized Person(s) Detail

4153 SOUTHWEST 46TH TERRACE OCALA. FL 34471 US

## FEI Number: 81-1429693

**Current Mailing Address:** 

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

PATEL, DHRUV 4223 SW 33RD ST OCALA, FL 34474 US

OCALA, FL 34471

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: DHRUV PATEL

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title MGR Name PATEL, PRITUBEN Address 3001 SW 24TH AVE # 707 City-State-Zip: OCALA FL 34471

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

OWNER

## Certificate of Status Desired: No

03/19/2024 Date

03/19/2024

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000030344

Entity Name: PUSHTI BROWS & SKIN THERAPY LLC

## **Current Principal Place of Business:**

2457 SW 27TH AVE

Mar 19, 2024 Secretary of State 5010503961CC

FILED