

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000136186

**Entity Name:** HAND CARE SPECIALISTS OF WESLEY CHAPEL, LLC

**Current Principal Place of Business:**

2050 ASHLEY OAKS CIRCLE  
SUITE 101  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

2050 ASHLEY OAKS CIRCLE  
SUITE 101  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** 81-3349581

**Certificate of Status Desired:** No

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

COSTA, MARIA C  
25830 SANTOS WAY  
WESLEY CHAPEL, FL 33544 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 LAURENTIN-PEREZ, LUIS A MD  
Address 25830 SANTOS WAY  
City-State-Zip: WESLEY CHAPEL FL 33544

Title AMBR  
Name COSTA, MARIA C  
Address 25830 SANTOS WAY  
City-State-Zip: WESLEY CHAPEL FL 33544

*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:** LUIS LAURENTIN-PEREZ

**OWNER**

**03/27/2018**

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

\_\_\_\_\_  
Date