

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000066066

Entity Name: FACIAL THERAPIST, LLC

Current Principal Place of Business:

10171 NW 58TH ST.
UNIT 08
DORAL, FL 33178

Current Mailing Address:

10874 NW 81ST LN
DORAL, FL 33178

FEI Number: 82-0939882

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERRER SANCHEZ, ADOALIX
10874 NW 81ST LN
DORAL, FL 33178 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	Title	AMBR
Name	FERRER SANCHEZ, ADOALIX	Name	MORALES DE FERRER, YOAN
Address	10874 NW 81ST LN	Address	10874 NW 81ST LN
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

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: ADOALIX FERRER SANCHEZ

AMBR

02/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date