

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000108451

Entity Name: OLAM MED SPA, LLC

Current Principal Place of Business:

17901 NW 5TH STREET
SUITE 201
PEMBROKE PINES, FL 33029

Current Mailing Address:

17901 NW 5TH STREET
SUITE 201
PEMBROKE PINES, FL 33029 US

FEI Number: 81-2704913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, GABRIELA
17901 NW 5TH STREET
SUITE 201
PEMBROKE PINES, FL 33029 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: GABRIELA RODRIGUEZ

02/21/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name RODRIGUEZ, GABRIELA A
Address 17901 NW 5TH STREET
 SUITE 201
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGER
Name CARDENAS, ANDREA P
Address 17901 NW 5TH STREET
 SUITE 201
City-State-Zip: PEMBROKE PINES FL 33029

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: GABRIELA RODRIGUEZ

MANAGER

02/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date