

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000108451

**Entity Name:** OLAM MED SPA, LLC

**Current Principal Place of Business:**

17901 NW 5TH STREET  
SUITE 205  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

17901 NW 5TH STREET  
SUITE 205  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 81-2704913

**Certificate of Status Desired:** Yes

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

ORTIZ, LEMUEL  
17901 NW 5TH STREET  
SUITE 205  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name PEDRIQUE, JHONY  
Address 17901 NW 5TH STREET  
SUITE 205  
City-State-Zip: PEMBROKE PINES FL 33029

Title AMBR  
Name GRACEFUL BEAUTY CONCEPTS, LLC  
Address 17901 NW 5TH STREET  
SUITE 205  
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:** LEMUEL ORTIZ

AMBR

01/04/2021

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

\_\_\_\_\_  
Date