

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000203136

**Entity Name:** MEDESTETICS LLC

**Current Principal Place of Business:**

1480 NW NORTH RIVER DRIVE  
APT ET-902  
MIAMI, FL 33125

**Current Mailing Address:**

1480 NW NORTH RIVER DRIVE  
APT ET-902  
MIAMI, FL 33125 US

**FEI Number:** 82-3046616

**Certificate of Status Desired:** No

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

GALLUCCI, GIULIO  
1480 NW NORTH RIVER DRIVE  
APT ET-902  
MIAMI, FL 33125 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:** GALLUCCI GIULIO

04/30/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GALLUCCI, GIULIO  
Address 1480 NW NORTH RIVER DRIVE  
APT ET-902  
City-State-Zip: MIAMI FL 33125

Title AMBR  
Name STELLUTO, ANTONELLA  
Address 1480 NW NORTH RIVER DRIVE  
APT ET-902  
City-State-Zip: MIAMI FL 33125

*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:** ANTONELLA STELLUTO

AMBR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date