# 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.

PRE

SIGNATURE: AMARILLYS ALVARADO-SOJO

TAMPA, FL 33615
Current Mailing Address:

**Current Principal Place of Business:** 

10306 MANTA WAY TAMPA, FL 33615

10306 MANTA WAY

## FEI Number: 83-2879376

## Name and Address of Current Registered Agent:

REGISTERED AGENTS INC 3030 N ROCKY POINT DR STE 150A TAMPA, FL 33607 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

## Authorized Person(s) Detail :

MANAGER
e SOJO, JESUS L
ress 10306 MANTA WAY
State-Zip: TAMPA FL 33615

Electronic Signature of Signing Authorized Person(s) Detail

#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000134063

Entity Name: AGELESS SKIN AESTHETIC MEDICINE, LLC

## FILED Mar 11, 2019 Secretary of State 3707845122CC

Certificate of Status Desired: No

Date

03/11/2019 Date