

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000008988

Entity Name: BEST SHAPE MED SPA LLC

Current Principal Place of Business:

218 NW 8TH ST
#1704
MIAMI, FL 33136

Current Mailing Address:

218 NW 8TH ST
#1704
MIAMI, FL 33136 US

FEI Number: 84-3354028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMUTH, LARISSA
218 NW 8TH ST
#1704
MIAMI, FL 33136 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: LARISSA RAMUTH

01/30/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RAMUTH, EDSON
Address 218 NW 8TH ST
#1704
City-State-Zip: MIAMI FL 33136

Title AMBR
Name RAMUTH, SYLVIA
Address 218 NW 8TH ST, APT 1704
City-State-Zip: MIAMI FL 33136

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: SYLVIA RAMUTH

MANAGER

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date