#### 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: KATHERINE SCHULZ DE BARROS

Electronic Signature of Signing Authorized Person(s) Detail

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: CHASE HOWARD

# Authorized F

Authorized Ferson(s) Detail .				
Title	MGR	Title	MGR	
Name	DULCETTI, CAMILA R	Name	SCHULZ DE BARROS, KATHERINE M	
Address	3421 NW 84 AVE	Address	5730 SW 85TH STREET	
City-State-Zip:	DORAL FL 33122	City-State-Zip:	SOUTH MIAMI FL 33143	

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

MANAGER

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000026430

Entity Name: THE BRICKELL MEDSPA, LLC.

## **Current Principal Place of Business:**

175 SW 7TH STREET SUITE #1109 MIAMI, FL 33130

### **Current Mailing Address:**

175 SW 7TH STREET SUITE #1109 MIAMI, FL 33130 US

### FEI Number: 83-3421399

### Name and Address of Current Registered Agent:

CHASE HOWARD, PLLC 151 NW 1ST AVENUE DELRAY BEACH, FL 33444 US

Electronic Signature of Registered Ag	gent	Date		
Person(s) Detail :				
MGR	Title	MGR		
DULCETTI, CAMILA R	Name	SCHULZ DE BARROS, KATHERINE M		
3421 NW 84 AVE	Address	5730 SW 85TH STREET		

02/03/2023

02/03/2023

# FILED Feb 03, 2023 Secretary of State 7829821542CC

Certificate of Status Desired: No

Date