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.

City-State-Zip: HIALEAH FL 33018

SIGNATURE: PABLO HERDE

L

SIGNATURE	E:		
	Electronic Signature of Registered Agent		
Authorized	Person(s) Detail :		
Title	MGR	Title	MGR
Name	HERDE, PABLO	Name	ORTEGA, MEL
Address	1900 N BAYSHORE DR, APT 4015	Address	12011 SW 1ST STREET
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33184
Title	MBR		
Name	NOA, ARMANDO		
Address	3571 W 104TH TER		

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.

Name and Address of Current Registered Agent:

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: AESTHETICS PARTNERS OF SOUTH FLORIDA LLC

MIAMI. FL 33184

Current Mailing Address: 12011 SW 1ST STREET

12011 SW 1ST STREET MIAMI, FL 33184

FEI Number: 84-2637014

DOCUMENT# L19000183721

Current Principal Place of Business:

HERDE, PABLO 1900 N BAYSHORE DR APT 4015 MIAMI, FL 33132 US

Certificate of Status Desired: No

01/20/2020 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER