

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000203137

**Entity Name:** CHARME VISAGE SPA, LLC

**Current Principal Place of Business:**

16115 SW 117 AVENUE, UNIT A27  
MIAMI, FL 33177

**Current Mailing Address:**

16115 SW 117 AVENUE, UNIT A27  
MIAMI, FL 33177 US

**FEI Number:** 84-3798321

**Certificate of Status Desired:** No

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

OLIVERA, ANTONIO  
16115 SW 117 AVENUE, UNIT A27  
MIAMI, FL 33177 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

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	OLIVERA, NORMA	Name	OLIVERA, ANTONIO
Address	16115 SW 117 AVENUE, UNIT A27	Address	16115 SW 117 AVENUE, UNIT A27
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	MIAMI FL 33177

*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:** NORMA OLIVERA

**MANAGER**

**03/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date