

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000233208

Entity Name: AXABROWS & MEDICAL SPA LLC

Current Principal Place of Business:

8290 LAKE DR #409
DORAL, FL 33166

Current Mailing Address:

8290 LAKE DR #409
DORAL, FL 33166 US

FEI Number: 84-3177508

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARANGO, ANA X
8290 LAKE DR #409
DORAL, FL 33166 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
Name REYES, MARTHA
Address 2450 NE 135 ST
City-State-Zip: NORTH MIAMI FL 33181

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: MARTHA REYES

MANAGER

05/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date