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.

MANAGER

SIGNATURE: BRIAN LEIBOWITZ

5998 LAS COLINAS CIRCLE LAKE WORTH. FL 33463 US

Current Principal Place of Business:

FEI Number: 84-4740890

Current Mailing Address:

DOCUMENT# L20000034071

5998 LAS COLINAS CIRCLE LAKE WORTH. FL 33463

Name and Address of Current Registered Agent:

LEIBOWITZ, BETSY E 5998 LAS COLINAS CIRCLE LAKE WORTH, FL 33463 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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: BOUTIQUE ANTI-AGING SOLUTIONS LLC

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LEIBOWITZ, BRIAN D	Name	LEIBOWITZ, BETSY E
Address	5998 LAS COLINAS CIRCLE	Address	5998 LAS COLINAS CIRCLE
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463

Electronic Signature of Signing Authorized Person(s) Detail

Secretary of State 7618142725CC

Certificate of Status Desired: No

02/09/2024

Date

Date