

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000357640

**Entity Name:** PHARMAESTHETIC LLC

**Current Principal Place of Business:**

396 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134

**Current Mailing Address:**

396 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134 US

**FEI Number:** 86-1294097

**Certificate of Status Desired:** Yes

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

HLB GRAVIER LLP  
396 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134 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:** ALEJANDRO GRAVIER

01/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name POSTIGO, RODOLFO L  
Address 396 ALHAMBRA CIRCLE  
SUITE 900  
City-State-Zip: CORAL GABLES FL 33134

*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:** POSTIGO LEON RODOLFO

DIRECTOR

01/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date