

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000115175

**Entity Name:** MARA AESTHETIC, LLC

**Current Principal Place of Business:**

5006-2 SAN JUAN AVE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5006-2 SAN JUAN AVE  
JACKSONVILLE, FL 32210 US

**FEI Number:** 86-2324979

**Certificate of Status Desired:** No

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

MOTON, NORMARA  
5006-2 SAN JUAN AVE  
JACKSONVILLE, FL 32210 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 MOTON, NORMARA  
Address 5006-2 SAN JUAN AVE  
City-State-Zip: JACKSONVILLE FL 32210

Title P  
Name MOTON, JAI  
Address 5006 SAN JUAN AVE  
City-State-Zip: JACKSONVILLE FL 32210

Title VP  
Name MOTON, JADE  
Address 5006-2 SAN JUAN AVE  
City-State-Zip: JACKSONVILLE FL 32210

Title C  
Name AVERY, SEMAJ  
Address 5006-2 SAN JUAN AVE  
City-State-Zip: JACKSONVILLE FL 32210

*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:** NORMARA MOTON

MGR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date