

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000255782

**Entity Name:** V LASER AESTHETICS, LLC

**Current Principal Place of Business:**

15528 BISCAYNE BLVD.  
NORTH MIAMI, FL 33160

**Current Mailing Address:**

15528 BISCAYNE BLVD.  
MIAMI, FL 33160 US

**FEI Number: 87-1027644**

**Certificate of Status Desired: No**

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

MARTINEZ, VICTORIA E  
15528 BISCAYNE BLVD., 15528  
NORTH MIAMI, FL 33160 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           MANAGER  
Name           MARTINEZ, VICTORIA E  
Address        15528 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33160

Title           AUTHORIZED MEMBER  
Name           ECHEVERRI, VALERIA  
Address        15528 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33160

Title           AUTHORIZED MEMBER  
Name           ECHEVERRI, VICTOR  
Address        15528 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33160

Title           AUTHORIZED MEMBER  
Name           INVESTMENTS LLC, TD  
Address        15528 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33160

*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: VICTORIA E MARTINEZ**

**MANAGER**

**01/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date