

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000282020

**Entity Name:** BEST MIAMI LASER, LLC

**Current Principal Place of Business:**

17006 COLLINS AVE  
STE.A  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17006 COLLINS AVE  
STE.A  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 87-1294838

**Certificate of Status Desired:** No

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

POLEN, ELEONORA  
3660 NE 166 STR #214  
NORTH MIAMI BEACH, 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            AMBR  
Name            POLEN, ELEONORA  
Address        3660 NE 166 STR #214  
City-State-Zip: NORTH MIAMI BEACH 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:** POLEN , ELEONORA

AMBR

03/03/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date