#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000320430

Entity Name: TROPICAL SUNSET LASER & ESTHETICS LLC

**FILED** Feb 04, 2024 **Secretary of State** 2739742436CC

### **Current Principal Place of Business:**

13650 METROPOLIS AVE SUITE 105 FORT MYERS, FL 33912

### **Current Mailing Address:**

7566 MILL STREAM DR NAPLES, FL 34109

FEI Number: 87-1841434 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

POYNOR, CRISTA 13650 METROPOLIS AVE SUITE 105 FORT MYERS, FL 33912 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

POYNOR, CRISTA Name 7566 MILL STREAM DR Address City-State-Zip: NAPLES FL 34109

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.

**PRESIDENT** 

Electronic Signature of Signing Authorized Person(s) Detail