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

SIGNATURE: YOLANDA COSTALES

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000430510

Entity Name: BALANCE WELLNESS & AESTHETICS LLC

Current Principal Place of Business:

25075 SW 119TH AVENUE HOMESTEAD, FL 33032

Current Mailing Address:

25075 SW 119TH AVENUE HOMESTEAD, FL 33032 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

ECHEVERRIA, ANDREA K APRN 25075 SW 119TH AVENUE HOMESTEAD, FL 33032 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	: ANDREA ECHEVERRIA			04/29/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	COSTALES, YOLANDA M APRN	Name	ECHEVERRIA, ANDREA K APRI	N
Address	25075 SW 119TH AVENUE	Address	25075 SW 119TH AVENUE	
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	HOMESTEAD FL 33032	

that my name appears above, or on an attachment with all other like empowered. AMBR

04/29/2022

FILED Apr 29, 2022 Secretary of State 6760704332CC

Certificate of Status Desired: Yes

Date