## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000504517

Entity Name: FLORIDA AESTHETIC LASER LLC

**Current Principal Place of Business:** 

1714 SW 17TH STREET OCALA, FL 34471

**Current Mailing Address:** 

1714 SW 17TH STREET OCALA, FL 34471 US

FEI Number: 87-4015133 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUIJANO, ELDA M 11070 SW 79TH TERRACE OCALA, FL 34476 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

FILED Mar 13, 2023

**Secretary of State** 

5362756646CC

Authorized Person(s) Detail:

Title MGR, AUTHORIZED MEMBER Title MGR, AUTHORIZED MEMBER

Name NARAYAN, PERINCHERY DR. Name CARTER, BRENT DR.

Address 3426 NW 43RD STREET, STE B Address 1714 SW 17TH STREET

City-State-Zip: GAINESVILLE FL 32606 City-State-Zip: OCALA FL 34471

Title MGR, AUTHORIZED MEMBER
Name REED, GAYLE SASSNETT
Address 11132 COUNTY ROAD 475

City-State-Zip: OXFORD FL 34484

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: BRENT CARTER

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

03/13/2023

Date