

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000520054

**Entity Name:** A.L. AESTHETIC CENTER LLC

**Current Principal Place of Business:**

17300 NW 68TH AVE  
APT 316  
HIALEAH, FL 33015

**Current Mailing Address:**

17300 NW 68TH AVE  
APT 316  
HIALEAH, FL 33015 US

**FEI Number:** 87-4716476

**Certificate of Status Desired:** Yes

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

LEON, ANA G  
17300 NW 68TH AVE  
APT 316  
HIALEAH, FL 33015 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 RN  
Name LEON, ANA G  
Address 17300 NW 68TH AVE, APT 316  
City-State-Zip: HIALEAH FL 33015

*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:** ANA GABRIELA LEON

RN

03/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date