

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000524977

**Entity Name:** ESTIL MEDSPA LLC

**Current Principal Place of Business:**

6965 PIAZZA GRANDE AVENUE  
SUITE 410  
ORLANDO, FL 32835

**Current Mailing Address:**

11919 GOLD CREEK TRAIL  
WINDERMERE, FL 34786 US

**FEI Number:** 87-4435241

**Certificate of Status Desired:** Yes

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

EXCEL TOTAL BUSINESS  
7065 WESTPOINTE BLVD  
SUITE#301  
ORLANDO, FL 32835 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:** ANTONIO CARDOSO

03/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ESTIL DA CAMARA, CAMILLA S  
Address 6965 PIZZA GRANDE AVE  
SUITE#410  
City-State-Zip: ORLANDO FL 32835

*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:** CAMILLA SANTANA ESTIL DA CAMARA

OWNER

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date