

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000281616

Entity Name: THEEYE MEDI SPA LLC**Current Principal Place of Business:**2250 S DIXIE HWY
MIAMI, FL 33133**Current Mailing Address:**6851 SW 44TH ST
APT 305
MIAMI, FL 33155**FEI Number:** 88-2893439**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACOBO, JOSE S
6799 COLLINS AVE
APT 1701
MIAMI BEACH, FL 33141 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	AMBR
Name	RESTREPO, DANIEL
Address	3000 NE 2ND AVE
City-State-Zip:	MIAMI FL 33137

Title	AMBR
Name	MARTE, SIMON
Address	200 BISCAYNE BLVD WAY APT 704
City-State-Zip:	MIAMI FL 33131

Title	AMBR
Name	TELLEZ, FEDERICO
Address	4 LONGFELLOW PL #505
City-State-Zip:	BOSTON MA 02114

Title	AMBR
Name	JACOBO, JOSE S
Address	6799 COLLINS AVE APT 1701
City-State-Zip:	MIAMI BEACH FL 33141

Title	MGR
Name	SANTOFIMIO, SANDRA J
Address	6851 SW 44TH ST APT 305
City-State-Zip:	MIAMI FL 33155

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: SANDRA SANTOFIMIO**MANAGER****04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date