

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000415994

**Entity Name:** AURORA MEDSPA LLC

**Current Principal Place of Business:**

294 S UNIVERSITY DR.  
SUITE 294  
PLANTATION, FL 33324

**Current Mailing Address:**

294 S UNIVERSITY DR.  
SUITE 294  
PLANTATION, FL 33324 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GORDON-WHYTE, GIAN  
1 AEROPPOST WAY  
KIN 20835  
MIAMI, FL 33206 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 MGR  
Name ALI, SADIA  
Address 5851 SW 163RD AVENUE  
City-State-Zip: SOUTHWEST RANCHES FL 33331

Title CEO  
Name ALI, ZAFIROOL  
Address 5851 SW 163RD AVENUE  
City-State-Zip: SOUTHWEST RANCHES FL 33331

*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:** SADIA ALI

**PRESIDENT**

**04/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date