

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000292710

**Entity Name:** A&A FACE BODY ESTHETIC LLC

**Current Principal Place of Business:**

1470 NW 107 AVE  
SUITE C  
MIAMI, FL 33172

**Current Mailing Address:**

1470 NW 107 AVE  
SUITE C  
MIAMI, FL 33172 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

HENAO, ALEJANDRA  
1470 NW 107 AVE  
SUITE C  
MIAMI, FL 33172 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 HENAO, ALEJANDRA  
Address 1470 NW 107 AVE SUITE C  
City-State-Zip: MIAMI FL 33172

Title AMBR  
Name TORRES BEDOYA, EDICSON  
Address 1470 NW 107 AVE SUITE C  
City-State-Zip: MIAMI FL 33172

Title MANAGER  
Name GONZALEZ, CLARA I  
Address 1470 NW 107 AVE SUITE C  
City-State-Zip: MIAMI FL 33172

Title MANAGER  
Name CANAS, DIANA  
Address 1470 NW 107 AVE SUITE C  
City-State-Zip: MIAMI FL 33172

*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:** ALEJANDRA HENAO

**OWNER**

**01/03/2024**

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

\_\_\_\_\_  
Date