

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000496934

**Entity Name:** BEAUTY CLINIC LAB LLC

**Current Principal Place of Business:**

1111SW 1ST AVE  
1720  
MIAMI, FL 33130

**Current Mailing Address:**

1111 SW 1ST AVE  
1720  
MIAMI, FL 33130 US

**FEI Number:** 93-4246155

**Certificate of Status Desired:** No

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

RODE, YULIA  
1111 SW 1ST AVE  
1720  
MIAMI, FL 33130 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            RODE, YULIA  
Address        1111 SW 1ST AVE APT 1720  
City-State-Zip: MIAMI FL 33130

*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:** YULIA RODE

AMBR

04/25/2024

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

\_\_\_\_\_  
Date