

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000008696

Entity Name: ALLURE MEDICAL SPA, P.L.L.C., LLC

Current Principal Place of Business:

8180 26 MILE RD, STE. 300
SHELBY TOWNSHIP, MI 48316

Current Mailing Address:

8180 26 MILE RD, STE. 300
SHELBY TOWNSHIP, MI 48316 US

FEI Number: 20-0843620

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URS AGENTS, LLC
3458 LAKESHORE DR.
TALLAHASSEE, FL 32312 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 MOK, CHARLES D D.O.
Address 8180 26 MILE RD, STE. 300
City-State-Zip: SHELBY TOWNSHIP MI 48316

Title TREASURER
Name SIMON, REDINA
Address 8180 26 MILE RD, STE. 300
City-State-Zip: SHELBY TOWNSHIP MI 48316

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: REDINA SIMON

TREASURER

07/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date