

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017575

**Entity Name:** FINESSE AESTHETICS AND COSMETIC SURGERY, LLC

**Current Principal Place of Business:**

1000 EXECUTIVE DR., STE. 8  
OVIEDO, FL 32765

**Current Mailing Address:**

1000 EXECUTIVE DR., STE. 8  
OVIEDO, FL 32765 US

**FEI Number:** 88-2245499

**Certificate of Status Desired:** No

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

BELLEH, OWEI Z ESQ.  
4901 NW 17TH WAY, STE.605  
FORT LAUDERDALE, FL 33309 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 NWOBI, OBINNA MD  
Address 1000 EXECUTIVE DR., STE. 8  
City-State-Zip: OVIEDO FL 32765

*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:** OBINNA NWOBI

**MANAGER**

**04/30/2023**

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

\_\_\_\_\_  
Date