

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000016981

1. Entity Name
ESTETICA MANAGEMENT, LLC



Principal Place of Business

8631 NW 4TH TERRACE
3
MIAMI, FL 33126 US

Mailing Address

8631 NW 4TH TERRACE
3
MIAMI, FL 33126 US

FILED
Sep 04, 2008 08:00 AM
Secretary of State



05222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4316725

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, NESTOR
8631 NW 4 TH TERRACE
3
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000958992
09/04/08-80001-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MENDEZ, NESTOR
8631 NW 4 TH TERRACE # 3
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANDRADE, MILTON J
4890 SW 6TH ST
MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

08-24-08 7863255912

Date

Daytime Phone #