

P24 000058722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

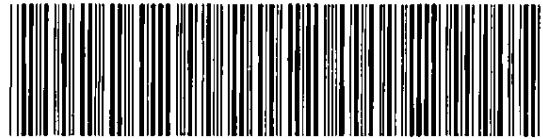
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TALLAHASSEE, FL

10/29/24--01029--008 **25.00

01/21/25--01002--002 **10.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S&L DERMA AESTHETICS, INC.
Name of Corporation

DOCUMENT NUMBER: P24000058722

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miladys Perez

Name of Contact Person

S&L DERMA AESTHETICS, INC.

Firm/Company

8774 sw 8th st

Address

Miami, FL 33174

City/State and Zip Code

saray2871@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miladys Perez

Name of Contact Person

at (786) 973-8527

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: S&L DERMA AESTHETICS, INC.

2. The principal office address: _____

3. The mailing address (if different): 8774 SW 8 ST Miami, FL 33174

4. Date of incorporation/qualification: 09/12/2024 Document number: P24000058722

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Yusbel Perez

18600 w 47th ct

Miami Gardens, FL 33055

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Miladys Perez

8774 sw 8th st

P.O. Box NOT acceptable

Miami, FL 33174

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Miladys Perez

Signature of an officer or director

Miladys Perez

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Miladys Perez

Signature of Registered Agent

11/25/2024

Date

If signing on behalf of an entity:

Miladys Perez

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

FILED
2025 JAN 21 PM 4:02
TALLAHASSEE, FL
DIVISION OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2024

MILADYS PEREZ
8774 SW 8 ST
MIAMI, FL 33174

SUBJECT: S&L DERMA AESTHETICS, INC.
Ref. Number: P24000058722

We have received your document for S&L DERMA AESTHETICS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$10.00.

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 424A00025291



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2024

MILADYS PEREZ
8774 SW 8TH ST
MIAMI, FL 33174

SUBJECT: S&L DERMA AESTHETICS, INC.
Ref. Number: P24000058722

We have received your document for S&L DERMA AESTHETICS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$10.00.

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 124A00026729

