

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000058043

**Entity Name:** LAVELLE ESTHETICS INC

**Current Principal Place of Business:**

660 NE OCEAN BLVD  
STUART, FL 34996

**Current Mailing Address:**

660 NE OCEAN BLVD  
STUART, FL 34996 US

**FEI Number:** 47-4516688

**Certificate of Status Desired:** No

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

LAVELLE, LINDA  
660 NE OCEAN BLVD  
STUART, FL 34996 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

**Officer/Director Detail :**

Title PVT  
Name LAVELLE, LINDA  
Address 660 NE OCEAN BLVD  
City-State-Zip: STUART FL 34996

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA LAVELLE

**PRESIDENT**

**02/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date