

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042255

**Entity Name:** SHINO BAY COSMETIC DERMATOLOGY & LASER INSTITUTE  
LLC

**Current Principal Place of Business:**

350 E LAS OLAS BLVD  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

350 E LAS OLAS BLVD  
FT. LAUDERDALE, FL 33301 US

**FEI Number:** 20-2978191

**Certificate of Status Desired:** No

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

AGUILERA, SHINO BAY  
350 E LAS OLAS BLVD  
110  
FORT LAUDERDALE, FL 33301 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:** SHINO BAY AGUILERA

**02/28/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AGUILERA, SHINO BAY  
Address 350 E. LAS OLAS BOULEVARD  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR  
Name GOREN, RICHARD  
Address 350 E. LAS OLAS BOULEVARD  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** SHINO BAY AGUILERA

**MANAGER**

**02/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date