### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042255

Entity Name: SHINO BAY COSMETIC DERMATOLOGY & LASER INSTITUTE

LLC

Mar 15, 2017 Secretary of State CC6654637997

**FILED** 

#### **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:

GOREN, RICHARD 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:

Date

## Authorized Person(s) Detail:

Title MGR Title MGR

Electronic Signature of Registered Agent

Name AGUILERA, SHINO BAY Name GOREN, RICHARD

Address 350 E. LAS OLAS BOULEVARD Address 350 E. LAS OLAS BOULEVARD

City-State-Zip: FORT LAUDERDALE FL 33301 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.

**OWNER** 

Electronic Signature of Signing Authorized Person(s) Detail