

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034896

Entity Name: ACRA MEDICAL AESTHETICS, LLC

Current Principal Place of Business:

43 MERRICK WAY
CORAL GABLES, FL 33134

Current Mailing Address:

43 MERRICK WAY
CORAL GABLES, FL 33134

FEI Number: 26-4542027

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACRA, RAFAEL A
43 MERRICK WAY
CORAL GABLES, FL 33134 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

Authorized Person(s) Detail :

Title MGRM
Name ACRA, RAFAEL A
Address 43 MERRICK WAY
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name ACRA, GLORIA C
Address 43 MERRICK WAY
City-State-Zip: CORAL GABLES FL 33134

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: GLORIA ACRA

OWNER

03/19/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date