

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000010281

**Entity Name:** ESTRELLA'S DREAM MEDICAL SPA LLC

**Current Principal Place of Business:**

8540 NW 188 TERRACE  
2406  
MIAMI, FL 33015

**Current Mailing Address:**

8540 NW 188 TERRACE  
2406  
MIAMI, FL 33015

**FEI Number:** 46-5612125

**Certificate of Status Desired:** No

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

FORET, ZULY  
8540 NW 188 TERRACE  
2406  
MIAMI, FL 33015 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 MGR  
Name FORET, ZULY  
Address 8540 NW 188 TERRACE, # 2406  
City-State-Zip: MIAMI FL 33015

*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:** ZULY FORET

**OWNER**

**03/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date