

2016 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

MANAGER

04/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date