

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000114759

**Entity Name:** ALLURE MEDSPA, LLC

**Current Principal Place of Business:**

5048 HEATHERHILL LANE  
# 7  
BOCA RATON, FL 33486

**Current Mailing Address:**

5048 HEATHERHILL LANE # 7  
BOCA RATON, FL 33486

**FEI Number:** 47-1418337

**Certificate of Status Desired:** No

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

SCHWARTZMANN, HEATHER  
5048 HEATHERHILL LANE  
#7  
BOCA RATON, FL 33486 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 SCHWARTZMANN, HEATHER  
Address 5048 HEATHERHILL LANE # 7  
City-State-Zip: BOCA RATON FL 33486

*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:** HEATHER SCHWARTZMANN

CEO

03/21/2015

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

\_\_\_\_\_  
Date