

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000103004

**Entity Name:** ANNA ESTHETICS LLC

**Current Principal Place of Business:**

13632 W. HILLSBOROUGH AVE.  
TAMPA, FL 33635

**Current Mailing Address:**

13632 W. HILLSBOROUGH AVE.  
TAMPA, FL 33635 US

**FEI Number:** 81-2767487

**Certificate of Status Desired:** Yes

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

DOLGOVA, GANNA  
8918 BAYAUD DRIVE  
TAMPA, FL 33626 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	AMBR	Title	MGR
Name	DOLGOVA, ANNA	Name	DOLGOV, SERGIY
Address	8918 BAYAUD DRIVE	Address	8918 BAYAUD DRIVE
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33626

*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:** ANNA DOLGOVA

AMBR

04/29/2019

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

\_\_\_\_\_ Date