

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000198339

Entity Name: DERMALASE MEDICAL SPA, LLC

Current Principal Place of Business:

1408 SW 15TH AVENUE
OCALA, FL 34471

Current Mailing Address:

1408 SW 15TH AVENUE
OCALA, FL 34471 US

FEI Number: 81-4339614

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILL, AMANDA J
1408 SW 15TH AVENUE
OCALA, FL 34471 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
Name GILL, AMANDA J
Address 2719 SE 30TH STREET
City-State-Zip: Ocala FL 34471

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: AMANDA J. GILL

AMBR

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date