

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000171465

**Entity Name:** ISABEL'S ESTHETIC LLC

**Current Principal Place of Business:**

5448 HOFFNER AVENUE, SUITE 105  
ORLANDO, FL 32812

**Current Mailing Address:**

5448 HOFFNER AVENUE, SUITE 105  
ORLANDO, FL 32812 US

**FEI Number:** 82-2469448

**Certificate of Status Desired:** No

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

DE LEON, ISABEL C  
2941 CARRICKTON CIRCLE  
ORLANDO, FL 32824 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 DE LEON, ISABEL C  
Address 2941 CARRICKTON CIRCLE  
City-State-Zip: ORLANDO FL 32824

*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:** ISABEL DE LEON

**OWNER**

**03/15/2021**

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

\_\_\_\_\_ Date