

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000203136

**Entity Name:** MESOESTETIC PHARMA GROUP LLC

**Current Principal Place of Business:**

201 SE 2ND AVE  
2302  
MIAMI, FL 33131

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC2184932680**

**Current Mailing Address:**

201 SE 2ND AVE  
2302  
MIAMI, FL, FL 33131 US

**FEI Number: 82-3046616**

**Certificate of Status Desired: Yes**

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

GIULIO, GALLUCCI SR  
201 SE 2ND AVE  
2302  
MIAMI, FL 33131 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	Title	MGR
Name	GALLUCCI, GIULIO SR	Name	STELLUTO, ANTONELLA
Address	201 SE 2ND AVE	Address	8791 W 33RD AVE
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	HIALEAH FL 33018

*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: GIULIO GALLUCCI**

**MGR**

**04/25/2018**

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

\_\_\_\_\_  
Date