

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000217275

**Entity Name:** THE BEAUTY CLINIC LLC

**Current Principal Place of Business:**

18157 BISCAYNE BLVD.  
AVENTURA, FL 33160

**Current Mailing Address:**

18157 BISCAYNE BLVD.  
AVENTURA, FL 33160 US

**FEI Number:** 82-3174406

**Certificate of Status Desired:** No

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

KATHEIN, LITAL  
18157 BISCAYNE BLVD.  
AVENTURA, FL 33160 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  
Name KATHEIN, LITAL  
Address 18157 BISCAYNE BLVD.  
City-State-Zip: AVENTURA FL 33160

*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:** LITAL KATHEIN

MGR

04/30/2021

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

\_\_\_\_\_  
Date