

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000229774

Entity Name: FLORIDA DERMAL INSTITUTE, LLC

Current Principal Place of Business:

1260 DELTONA BLVD
DELTONA, FL 32725

Current Mailing Address:

1197 TROTWOOD BLVD
WINTER SPRINGS, FL 32708

FEI Number: 82-5274525

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PETRUSA, AMANDA O
1197 TROTWOOD BLVD
WINTER SPRINGS, FL 32708 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 CEO
Name PETRUSA, AMANDA OCTAVIA
Address 1197 TROTWOOD BLVD
City-State-Zip: WINTER SPRINGS FL 32708

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 PETRUSA

CEO

09/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date