

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000128807

**Entity Name:** BIO ESTHETIC CARE LLC

**Current Principal Place of Business:**

8420 BYRON AVE  
APT 4  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

8420 BYRON AVE  
APT 4  
MIAMI BEACH, FL 33141

**FEI Number:** 83-0639360

**Certificate of Status Desired:** Yes

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

VARGAS, LIBIA C  
8420 BYRON AVE  
APT 4  
MIAMI BEACH, FL 33141 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 VARGAS, LIBIA C  
Address 8420 BYRON AVE  
City-State-Zip: MIAMI BEACH FL 33141

*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:** LIBIA CONSUELO VARGAS

**MANAGER**

**04/02/2019**

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

\_\_\_\_\_  
Date