

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000187373

**Entity Name:** ALERA MED SPA, LLC

**Current Principal Place of Business:**

2311 CYPRESS CV  
SUITE 101  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

2311 CYPRESS CV  
SUITE 101  
WESLEY CHAPEL, FL 33544

**FEI Number:** 83-1463028

**Certificate of Status Desired:** No

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

SANCHEZ, KELVIN  
2311 CYPRESS CV  
SUITE 101  
WESLEY CHAPEL, FL 33544 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 MOLINARES SOSA, ALEXANDRA M  
DR  
Address 2311 CYPRESS CV  
STE 101  
City-State-Zip: WESLEY CHAPEL FL 33544

Title MGRM  
Name SANCHEZ, KELVIN  
Address 2311 CYPRESS CV  
SUITE 101  
City-State-Zip: WESLEY CHAPEL FL 33543

*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:** KELVIN SANCHEZ

**MGRM**

**01/03/2019**

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

\_\_\_\_\_  
Date