

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000273553

**Entity Name:** OH LALA MEDSPA, LLC

**Current Principal Place of Business:**

1011 WEST HALLANDALE BEACH BLVD  
102  
HALLANDALE, FL 33009

**Current Mailing Address:**

1011 WEST HALLANDALE BEACH BLVD  
102  
HALLANDALE, FL 33009 US

**FEI Number:** 90-1765708

**Certificate of Status Desired:** Yes

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

GONZALEZ, DEYANIRE  
950 S. PINE ISLAND RD A-150  
1008  
PLANTATION, FL 33324 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:** DEYANIRE GONZALEZ

03/05/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MARTINEZ SALAS, MARIA C  
Address 1011 WEST HALLANDALE BEACH  
BLVD  
102  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name BEE SALAS, YOLIMA SANDRA  
Address 1011 WEST HALLANDALE BEACH  
BLVD  
102  
City-State-Zip: HALLANDALE FL 33009

*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:** YOLIMA SANDRA BEE SALAS

MGR

03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date