

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000102894

**Entity Name:** ELITE MEDICAL AESTHETICS LLC

**Current Principal Place of Business:**

6416 NW 102ND CT  
APT#112  
DORAL, FL 33178

**Current Mailing Address:**

6416 NW 102ND CT  
APT#112  
DORAL, FL 33178 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MANCINI, ASTRID H  
6416 NW 102ND CT  
APT#112  
DORAL, FL 33626 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:** ASTRID HELENA MANCINI

07/06/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MANCINI, ASTRID HELENA  
Address        6416 NW 102ND CT  
                  APT#112  
City-State-Zip: DORAL FL 33178

*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:** ASTRID HELENA MANCINI

PRESIDENT

07/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date