## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000158576

Entity Name: HEBE MED SPA LLC

**Current Principal Place of Business:** 

3061 SW 160 AVE SUITE 107 MIRAMAR, FL 33027

**FILED** Apr 04, 2024 **Secretary of State** 0647959871CC

## **Current Mailing Address:**

3061 SW 160 AVE SUITE 107 MIRAMAR, FL 33027 US

FEI Number: 84-2338401 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FOMBU, SAMA M 3061 SW 160 AVE SUITE 107 MIRAMAR, FL 33027 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 Title MGR

Name FOMBU, SAMA M Name FOMBU, SAMA MAH

3061 SW 160 AVE SUITE 107 3061 SW 160 AVE Address Address SUITE 107 MIRAMAR FL 33027

City-State-Zip: City-State-Zip: MIRAMAR FL 33027

Title **AMBR** 

Title AUTHORIZED REPRESENTATIVE, Name JIEUMO, FRANCOIS

MANAGER

Name JIEUMO, FRANCOIS Address 3396 SW 195TH TER Address 3061 SW 160 AVE City-State-Zip: MIRAMAR FL 33029

SUITE 107

City-State-Zip: MIRAMAR FL 33027

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.

04/04/2024 SIGNATURE: SAMA FOMBU