

2020 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**Current Mailing Address:**3061 SW 160 AVE
SUITE 107
MIRAMAR, FL 33027 US**FEI Number:** 84-2338401**Certificate of Status Desired:** Yes**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
Name FOMBU, SAMA M
Address 3061 SW 160 AVE SUITE 107
City-State-Zip: MIRAMAR FL 33027

Title MGR
Name FOMBU, MABEL F
Address 3061 SW 160 SUITE 107
City-State-Zip: MIRAMAR FL 33027

Title MGR
Name FOMBU, SAMA MAH
Address 3061 SW 160 AVE
SUITE 107
City-State-Zip: MIRAMAR FL 33027

Title AMBR
Name JIEUMO, FRANCOIS
Address 3396 SW 195TH TER
City-State-Zip: MIRAMAR FL 33029

Title AUTHORIZED REPRESENTATIVE,
MANAGER
Name JIEUMO, FRANCOIS
Address 3061 SW 160 AVE
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.

SIGNATURE: SAMA FOMBU

MRS

05/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date