

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000264512

**Entity Name:** PINES AESTHETICS CENTER, L.L.C.

**Current Principal Place of Business:**

15753 PINES BLVD  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15150 BULL RUN RD  
MIAMI LAKES , FL 33014 US

**FEI Number:** 84-3454074

**Certificate of Status Desired:** No

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

ALVAREZ, MELISA  
15753 PINES BLVD  
PEMROKES PINES, 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 ALVAREZ, MELISA  
Address 15753 PINES BLVD  
City-State-Zip: PEMBROKE PINES 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:** MELISA ALVAREZ

**OWNER**

**02/09/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date