

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000020103

**Entity Name:** ASHA ESTHETIC LLC

**Current Principal Place of Business:**

1800 SW 1ST AVENUE  
UNIT 501  
MIAMI, FL 33129

**Current Mailing Address:**

1800 SW 1ST AVENUE  
UNIT 501  
MIAMI, FL 33129 US

**FEI Number:** 84-4485203

**Certificate of Status Desired:** No

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

ROEDER, CLAUDIA M  
1800 SW 1ST AVENUE  
202  
MIAMI, FL 33129 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            | ROEDER, CLAUDIA M          | Name            | MAYAUDON, BARBARA M        |
| Address         | 255 SW 11TH ST<br>APT 1211 | Address         | 255 SW 11TH ST<br>APT 1211 |
| City-State-Zip: | MIAMI FL 33130             | City-State-Zip: | MIAMI FL 33130             |

*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:** CLAUDIA ROEDER

**CEO**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date