

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000031696

Entity Name: ENCHANTED MEDICAL AESTHETICS LLC

Current Principal Place of Business:

276 N NOVA RD
ORMOND BEACH, FL 32174

Current Mailing Address:

494 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

FEI Number: 84-4563530

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARTIN, BRIDGET D DR.
276 N NOVA RD
ORMOND BEACH, FL 32174 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: BRIDGET MARTIN

01/12/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MARTIN, ROBERT J
Address 494 JOHN ANDERSON DR
City-State-Zip: ORMOND BEACH FL 32176

Title MGR
Name MARTIN, BRIDGET
Address 494 JOHN ANDERSON DR
City-State-Zip: ORMOND BEACH FL 32176

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: BRIDGET MARTIN

OWNDER/CEO

01/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date