

**2024 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:** No

**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

01/23/2024

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

MGR/OWNER

01/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date