

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000038213

**Entity Name:** ELEVEN ELEVEN AESTHETICS LLC

**Current Principal Place of Business:**

4020 FAWN CIRLE  
TAMPA, FL 33610

**Current Mailing Address:**

4020 FAWN CIRLE  
TAMPA, FL 33610 US

**FEI Number: 84-4534788**

**Certificate of Status Desired: Yes**

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

MALDONADO, BRUNILDA  
4020 FAWN CIRLE  
TAMPA, FL 33610 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 MGRM  
Name MALDONADO, BRUNILDA  
Address 4020 FAWN CIRCLE  
City-State-Zip: TAMPA FL 33610

*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: BRUNILDA J MALDONADO**

**MANAGER**

**04/30/2021**

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

\_\_\_\_\_  
Date