

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000162274

**Entity Name:** MAGNA SKINCARE CLINIC, LLC.

**Current Principal Place of Business:**

2431 ALOMA AVE STE 253-277  
WINTER PARK, FL 32792

**Current Mailing Address:**

2431 ALOMA AVENUE  
253-277  
WINTER PARK, FL 32792 US

**FEI Number:** 85-1485271

**Certificate of Status Desired:** No

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

HAMOUCHI, REHAB  
7228 ABBEY LANE  
WINTER PARK, FL 32792 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            OWNER  
Name            HAMOUCHI, REHAB  
Address        2431 ALOMA AVENUE  
                  253-277  
City-State-Zip: WINTER PARK FL 32792

Title            MANAGER  
Name            MUTAWE , MUSTAFA  
Address        2431 ALOMA AVENUE  
                  253-277  
City-State-Zip: WINTER PARK FL 32792

*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:** REHAB HAMOUCHI

**OWNER**

**04/30/2025**

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

\_\_\_\_\_  
Date