

2021 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:

315 ALSTON DRIVE
ORLANDO, FL 32835 US

FEI Number: 85-1485271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMOUCHI, REHAB
315 ALSTON DRIVE
ORLANDO, FL 32835 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 AMBR
Name HAMOUCHI, REHAB
Address 315 ALSTON DRIVE
City-State-Zip: ORLANDO FL 32835

Title MGR
Name MUTAWE, MUSTAFA
Address 315 ALSTON DRIVE
City-State-Zip: ORLANDO FL 32835

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

04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date