

2022 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:

HAMOUCI, 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 HAMOUCI, REHAB
Address 2431 ALOMA AVENUE
 253-277
City-State-Zip: RWINTER 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 HAMOUCI

OWNER

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date