

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000261091

Entity Name: ICONCIERGE MEDSPA LLC

Current Principal Place of Business:

455 99TH AVE NORTH
ST PETERSBURG, FL 33702

Current Mailing Address:

455 99TH AVE NORTH
ST PETERSBURG, FL 33702 US

FEI Number: 86-2318245

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHWYN TRASTER, ANGELINA
455 99TH AVE NORTH
ST PETERSBURG, FL 33702 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 AUTHORIZED MEMBER
Name SCHWYN TRASTER, ANGELINA
Address 455 99TH AVE NORTH
City-State-Zip: ST PETERSBURG FL 33702

Title COO
Name TRASTER, NICHOLAS
Address 455 99TH AVE NORTH
City-State-Zip: ST PETERSBURG FL 33702

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: NICHOLAS TRASTER

COO

01/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date