

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000294197

**Entity Name:** HEALTHY DERMIS, LLC

**Current Principal Place of Business:**

400 EAST BAY ST  
SUITE 1208  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

400 EAST BAY ST  
SUITE 1208  
JACKSONVILLE, FL 32202 US

**FEI Number:** 85-3218097

**Certificate of Status Desired:** No

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

SAREMIAN, JINOUS  
400 EAST BAY ST  
SUITE 1208  
JACKSONVILLE, FL 32202 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 MGR  
Name SAREMIAN, JINOUS  
Address 400 EAST BAY ST SUITE 1208  
City-State-Zip: JACKSONVILLE FL 32202

Title MGR  
Name ARVANDI, DORSA  
Address 400 EAST BAY ST SUITE 1208  
City-State-Zip: JACKSONVILLE FL 32202

*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:** JINOUS SAREMIAN

**MGR**

**02/08/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date