

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000377207

**Entity Name:** THOMAS MILLION INSTITUTE FOR MEDICAL AESTHETICS & PERSONALIZED WELLNESS LLC

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**3890702833CC**

**Current Principal Place of Business:**

7955 BAY ST  
SEBASTIAN, FL 32958

**Current Mailing Address:**

229 LOGGERHEAD DRIVE  
MELBOURNE BEACH, FL 32951 US

**FEI Number: 85-4326973**

**Certificate of Status Desired: No**

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

THOMAS, AISHA  
7955 BAY ST  
SEBASTIAN, FL 32958 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	Title	MGR
Name	THOMAS, AISHA	Name	MILLION, STEPHANIE
Address	7955 BAY ST	Address	229 LOGGERHEAD DRIVE
City-State-Zip:	SEBASTIAN FL 32958	City-State-Zip:	MELBOURNE BEACH FL 32951

*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: STEPHANIE MILLION

MEMBER

04/30/2021

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

\_\_\_\_\_  
Date