

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000009440

**Entity Name:** SKINERAPY LLC

**Current Principal Place of Business:**

1070 MONTGOMERY RD  
#2254  
ALTAMONTE SPRINGS, FLORIDA 32714

**Current Mailing Address:**

1070 MONTGOMERY RD  
#2254  
ALTAMONTE SPRINGS, FLORIDA 32714 UN

**FEI Number:** 86-2569175

**Certificate of Status Desired:** No

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

BENJAMIN, LORDEY H  
1070 MONTGOMERY RD #2254  
162471  
ALTAMONTE SPRINGS, FL 32714 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:** LORDEY BENJAMIN

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO, AUTHORIZED REPRESENTATIVE, PRESIDENT  
Name BENJAMIN, LORDEY H  
Address 1070 MONTGOMERY RD #2254  
City-State-Zip: ALTAMONTE SPRINGS 32714

*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:** LORDEY BENJAMIN

REGISTERED AGENT

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date