

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000197215

**Entity Name:** MED AESTHETICS AVENTURA, L.L.C.

**Current Principal Place of Business:**

2627 NE 203RD ST  
215  
AVENTURA, FL 33180

**Current Mailing Address:**

2627 NE 203RD ST  
215  
AVENTURA, FL 33180

**FEI Number:** 87-0832555

**Certificate of Status Desired:** No

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

BERMEJO, ROSANNA  
2831 S BAYSHORE DR  
MIAMI, FL 33133 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 BERMEJO, ROSANNA  
Address 2831 S BAYSHORE DR  
City-State-Zip: MIAMI FL 33133

*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:** ROSANNA BERMEJO

**CEO**

**05/02/2022**

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

\_\_\_\_\_  
Date