

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000219051

**Entity Name:** BELLA MI AESTHETICS LLC

**Current Principal Place of Business:**

1001 RIVERSIDE DRIVE - STE. 200 J  
PALMETTO, FL 34221

**Current Mailing Address:**

5526 69TH PL E  
ELLENTON, FL 34222 US

**FEI Number:** 86-3950894

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
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	MGRM	Title	MGRM
Name	SIMMONS, MELANIE	Name	JOHNSON, SHANNON
Address	5526 69TH PLACE EAST	Address	5415 72ND TERRACE EAST
City-State-Zip:	ELLENTON FL 34222	City-State-Zip:	ELLENTON FL 34222

*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:** MELANIE SIMMONS

**MANAGER**

**04/19/2022**

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

\_\_\_\_\_  
Date