

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000276325

**Entity Name:** M2 AESTHETICS LLC

**Current Principal Place of Business:**

1000 BRICKELL AVE  
715  
MIAMI, FL 33131

**Current Mailing Address:**

PO BOX 441475  
MIAMI, FL 33144

**FEI Number:** 87-1259346

**Certificate of Status Desired:** Yes

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

GOMEZ, GISELLE M  
1000 BRICKELL AVE  
715  
MIAMI, FL 33131 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 AP  
Name GOMEZ, GISELLE M  
Address 1000 BRICKELL AVE SUITE 715  
City-State-Zip: MIAMI FL 33131

Title AP  
Name LORA, STEPHANIE M  
Address 1000 BRICKELL AVE SUITE 715  
City-State-Zip: MIAMI FL 33131

*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:** GISELLE M GOMEZ

APRN

04/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date