FEI Number: 87-1644177			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
POLISTENA, JA 1550 SW 8TH S BOCA RATON,	ST			
The above named	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE	: JAMARY POLISTENA			04/26/2023
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MGR	Title	MGR	
	mon	1140	MGR	
Name	POLISTENA, JAMARY	Name	POLISTENA, VALENTINO	
			-	
Name	POLISTENA, JAMARY	Name	POLISTENA, VALENTINO 1550 SW 8TH ST	
Name Address	POLISTENA, JAMARY 1550 SW 8TH ST	Name Address	POLISTENA, VALENTINO 1550 SW 8TH ST	

1550 SW 8TH ST

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: JAMARY POLISTENA

MGR

04/26/2023

1550 SW 8TH ST BOCA RATON, FL 33486

Current Mailing Address:

BOCA RATON, FL 33486

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000317319

Entity Name: SKIN AVE AESTHETICS LLC

Current Principal Place of Business:

Secretary of State 6266740640CC

FILED Apr 26, 2023

Electronic Signature of Signing Authorized Person(s) Detail

Date