

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000368025

**Entity Name:** GEMA MEDICAL SPA LLC

**Current Principal Place of Business:**

4650 SOUTH CLEVELAND AVENUE  
3B  
FT MYERS, FL 33907

**FILED**  
**Mar 20, 2024**  
**Secretary of State**  
**1759078654CC**

**Current Mailing Address:**

519 LILLON AVE S  
LEHIGH ACRES, FL 33974 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

HERNANDEZ LIBERA, JENIFFER C  
519 LILLON AVE S  
LEHIGH ACRES, FL 33974 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:** JENIFFER HERNANDEZ LIBERA

03/20/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HERNANDEZ LIBERA, JENIFFER C  
Address 519 LILLON AVE S  
City-State-Zip: LEHIGH ACRES FL 33974

*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:** JENIFFER C HERNANDEZ LIBERA

AMBR

03/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date