

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000340855

**Entity Name:** THE JAX AESTHETICIAN LLC

**Current Principal Place of Business:**

1415 ATLANTIC BLVD  
C  
NEPTUNE BEACH, FL 32266

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**7619636172CC**

**Current Mailing Address:**

4790 SEASCAPE WAY  
APT 8104  
JACKSONVILLE, FL 32224 US

**FEI Number: 88-3564137**

**Certificate of Status Desired: No**

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

GOURLAY, MARIN E  
4790 SEASCAPE WAY  
APT 8104  
JACKSONVILLE, FL 32224 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	AMBR	Title	AMBR
Name	FISCHER, CODY J	Name	MARIN GOURLAY
Address	1401 RIVERPLACE BLVD, APT 2110	Address	1415 ATLANTIC BLVD
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	NEPTUNE BEACH FL 32266

*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: MARIN GOURLAY**

**OWNER**

**02/27/2023**

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Electronic Signature of Signing Authorized Person(s) Detail Date