SWANSON, RECIA A 1294 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 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	RECIA SWANSON			02/06/2025
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	CEO	Title	C00	
Name	SWANSON, TERRELL J	Name	SWANSON, RECIA ROSE A	
Address	1294 PONTE VEDRA BLVD	Address	1294 PONTE VEDRA BLVD	
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 3208	32
Title	PRACTICE MANAGER			
Name	WHITE, DEE ANN			
Address	175 RAINIER LANE SUITE 9			

DOCUMENT# L22000367121

Entity Name: LE DREAM AESTHETICS LLC

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

175 RAINIER LANE SUITE 9 ST JOHNS. FL 32259

Current Mailing Address:

175 RAINIER LANE SUITE 9 ST JOHNS. FL 32259 US

FEI Number: 92-0803596

Name and Address of Current Registered Agent:

SWANSON, RECIA A 1294 PON

City-State-Zip: ST JOHNS FL 32259

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: DEE WHITE

PRACTICE MANAGER

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Feb 06, 2025 Secretary of State 7782824553CC

Certificate of Status Desired: Yes