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.

AMBR

# SIGNATURE: ANDRE OGEERALLY

Electronic Signature of Signing Authorized Person(s) Detail

ORLANDO, FL 32801 US	
FEI Number: 88-4260399	C

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

ZAYEDE, NATHALIE DUCHINI 801 N ORANGE AVE 760 ORLANDO, FL 32801 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	NATHALIE DUCHINI ZAYEDE			05/01/2025	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	AMBR	Title	AMBR		
Name	OGEERALLY, ANDRE	Name	OGEERALLY, ADRIAN		
Address	801 N ORANGE AVE	Address	801 N ORANGE AVE		
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801		

# 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L22000475056

# Entity Name: LUXURY AESTHETICS & COSMETIC SURGERY LLC

**Current Principal Place of Business:** 

801 N ORANGE AVE 760 ORLANDO, FL 32801

### **Current Mailing Address:**

801 N ORANGE AVE 760 

# 05/01/2025

#### Date

# FILED May 01, 2025 Secretary of State 6843888030CC

Certificate of Status Desired: Yes