

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000109651

**Entity Name:** M. AESTHETICS LLC

**Current Principal Place of Business:**

4820 MARSH HAMMOCK DR E  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4820 MARSH HAMMOCK DR E  
JACKSONVILLE, FL 32224

**FEI Number:** 36-5066560

**Certificate of Status Desired:** No

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

MAIBERGER, ANDREA  
4820 MARSH HAMMOCK DR E  
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 MGR  
Name MAIBERGER, ANDREA  
Address 4820 MARSH HAMMOCK DR E  
City-State-Zip: JACKSONVILLE FL 32224

*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:** ANDREA MAIBERGER

**OWNER**

**04/29/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date