

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000166580

**Entity Name:** FARAH AESTHETIC INJECTOR LLC

**Current Principal Place of Business:**

1370 S OCEAN BLVD APT 705  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

1370 S OCEAN BLVD APT 705  
POMPANO BEACH, FL 33062 UN

**FEI Number:** 92-3441759

**Certificate of Status Desired:** No

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

CHAHINE, FARAH  
1370 S OCEAN BLVD APT 705  
POMPANO BEACH, FL 33062 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           MANAGER  
Name           CHAHINE, FARAH  
Address        1370 S OCEAN BLVD APT 705  
City-State-Zip: POMPANO BEACH 33062

*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:** FARAH CHAHINE

MS

03/03/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date