

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000369799

Entity Name: DEL CONDE AESTHETICS LLC

Current Principal Place of Business:

11299 PEACH BLOSSOM RD
BROOKSVILLE, FL 34614

Current Mailing Address:

11299 PEACH BLOSSOM RD
BROOKSVILLE, FL 34614 US

FEI Number: 93-2778904

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONDE, CLAUDIA
11299 PEACH BLOSSOM RD
BROOKSVILLE, FL 34614 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 CONDE, CLAUDIA
Address 11299 PEACH BLOSSOM RD
City-State-Zip: BROOKSVILLE FL 34614

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: CLAUDIA CONDE

MGR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date