

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000418144

Entity Name: CELINE MEDICAL SPA LLC

Current Principal Place of Business:

11895 SOUTH APOPKA VINELAND ROAD
SUITE 130
ORLANDO, FL 32836

Current Mailing Address:

11895 SOUTH APOPKA VINELAND ROAD
SUITE 130
ORLANDO, FL 32836 FL

FEI Number: 93-3233829

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TERKAWI, INTESAR
676 BLENHEIM LOOP
WINTER SPRINGS, FL 32708 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	Title	MGR
Name	DAHAN, DINA	Name	EL SAID, REFAAT
Address	9293 WICKHAM WAY	Address	9293 WICKHAM WAY
City-State-Zip:	ORLANDO FL 32836	City-State-Zip:	ORLANDO FL 32836

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: DAHAN , DINA

MGR

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date