

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000434577

**Entity Name:** LM MEDICAL SPA LLC

**Current Principal Place of Business:**

6327 N ANDREWS AVENUE,  
STUDIO 23  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

6327 N ANDREWS AVENUE,  
STUDIO 23  
FT LAUDERDALE, FL 33309 US

**FEI Number:** 93-3509456

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.,  
1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145 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 LESCAT, MYRIAM FEDJY  
Address 6327 N ANDREWS AVENUE,  
STUDIO 23  
City-State-Zip: FT LAUDERDALE FL 33309

*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:** MYRIAM LESCAT

MS

02/06/2025

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

\_\_\_\_\_  
Date