

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000447392

**Entity Name:** LK SKIN CLINIC LLC

**Current Principal Place of Business:**

311 DEER CREEK LAKESIDE WAY  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

311 DEER CREEK LAKESIDE WAY  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 61-2117654

**Certificate of Status Desired:** No

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

KAIEL, LUCIANE H  
311 DEER CREEK LAKESIDE WAY  
DEERFIELD BEACH, FL 33442 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	PRESIDENT
Name	KAIEL, LUCIANE H	Name	KAIEL , LUCIANE H
Address	311 DEER CREEK LAKESIDE WAY	Address	311 DEER CREEK LAKESIDE WAY
City-State-Zip:	DEERFIELD BEACH FL	City-State-Zip:	DEERFIELD BEACH FL 33442

*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:** LUCIANE H KAIEL

**PRESIDENT**

**04/22/2024**

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

\_\_\_\_\_  
Date