

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000543771

Entity Name: NANCY CANO AESTHETIC AND RECOVERY CENTER, LLC

Current Principal Place of Business:

1620 EMERSON ST
JACKSONVILLE, FL 32207

Current Mailing Address:

1620 EMERSON ST
JACKSONVILLE, FL 32207

FEI Number: 93-4788306

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CANO, NANCY
10479 SPOTTED FAWN LANE
JACKSONVILLE, FL 32257 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 AMBR
Name CANO, NANCY
Address 10479 SPOTTED FAWN LANE
City-State-Zip: JACKSONVILLE FL 32257

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: NANCY CANO

AMBR

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date