

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000249977

Entity Name: DERMAMODE SPA LLC

Current Principal Place of Business:

C/O 2875 NE 191ST ST
STE 601
AVENTURA, FL 33180

Current Mailing Address:

C/O 2875 NE 191ST ST
STE 601
AVENTURA, FL 33180 US

FEI Number: 99-3401804

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEFFA GROUP INC
C/O 2875 NE 191ST ST
STE 601
AVENTURA, FL 33180 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 MGRM
Name SHEFFA GROUP INC
Address C/O 2875 NE 191ST ST STE 601
City-State-Zip: AVENTURA FL 33180

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: VAL ELIZAROV

MANAGER

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date