

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000347638

Entity Name: SLIM GLOW MEDICAL LLC

Current Principal Place of Business:

3007 BARI CT
JACKSONVILLE, FL 32246

Current Mailing Address:

3007 BARI CT
JACKSONVILLE, FL 32246 US

FEI Number: 99-4435999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLS, WESLEY C
3007 BARI CT
JACKSONVILLE, FL 32246 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 MILLS, STACEY A
Address 3007 BARI CT
City-State-Zip: JACKSONVILLE FL 32246

Title AMBR
Name MILLS, WESLEY C
Address 3007 BARI CT
City-State-Zip: JACKSONVILLE FL 32246

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: WESLEY CLAY MILLS

OWNER

02/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date