

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000008291

**Entity Name:** DERMDREAMS, LLC

**Current Principal Place of Business:**

651 SWAILES RD.  
TROY, OH 45373

**Current Mailing Address:**

4300 PALMARITO ST.  
CORAL GABLES, FL 33146 US

**FEI Number:** 85-2498828

**Certificate of Status Desired:** No

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

WAIBEL, ANDREW  
4300 PALMARITO ST.  
CORAL GABLES, FL 33146 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 MBR  
Name WAIBEL, JILL  
Address 4300 PALMARITO ST.  
City-State-Zip: CORAL GABLES FL 33146

Title MBR  
Name WAIBEL, ANDREW  
Address 4300 PALMARITO ST.  
City-State-Zip: CORAL GABLES FL 33146

*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:** ANDREW R WAIBEL

**MEMBER**

**04/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date