#### 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: STEFANIE GURKA

LANKFORD LAW FIRM PA 140 SOUTH BEACH STREET SUITE 310

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
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#### Authorized Person(s) Detail :

Authorized Person(s) Detail :						
	Title	AMBR	Title	CEO		
	Name	MAMABARE SUGARING STUDIO LLC	Name	GURKA, STEFANIE		
	Address	3869 S NOVA RD STE 1	Address	175 SOUTH NOVA ROAD,		
	City-State-Zip: PORT ORANGE FL 32127	PORT ORANGE EL 32127		SUITE 6A		
			City-State-Zip:	ORMOND BEACH FL 32174		
	Title	CFO				
	Name	GURKA, MICHAEL				
	Address	175 SOUTH NOVA ROAD, SUITE 6A				
	City-State-Zip:	ORMOND BEACH FL 32174				

# Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

7835669429CC

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L18000129562

Entity Name: MAMABARE SUGARING STUDIO OF ORMOND BEACH LLC \*\*\*

#### **Current Principal Place of Business:**

175 SOUTH NOVA ROAD, SUITE 6A ORMOND BEACH, FL 32174

#### **Current Mailing Address:**

175 SOUTH NOVA ROAD, SUITE 6A ORMOND BEACH, FL 32174 US

#### FEI Number: 83-0676898

DAYTONA BEACH, FL 32114 US

### Name and Address of Current Registered Agent:

Date