

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000129562

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

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**7725408018CC**

**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**

**Certificate of Status Desired: No**

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

LANKFORD LAW FIRM PA  
140 SOUTH BEACH STREET  
SUITE 310  
DAYTONA BEACH, FL 32114 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 MAMABARE SUGARING STUDIO LLC  
Address 3869 S NOVA RD STE 1  
City-State-Zip: PORT ORANGE FL 32127

Title CEO  
Name GURKA, STEFANIE  
Address 175 SOUTH NOVA ROAD,  
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

*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**

**CEO**

**04/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date