

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000231465

**Entity Name:** ANGELIQUEARTISTRY LLC

**Current Principal Place of Business:**

18861 NW 63 CT CIRCLE EAST  
MIAMI, FL 33015

**Current Mailing Address:**

2582 LAKEVIEW CT  
COOPER CITY, FL 33026

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CAPULLO, ANGELIQUE  
18861 NW 63 CT CIRCLE EAST  
MIAMI, FL 33015 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	MGR	Title	MGR
Name	TUR, ADRIAN	Name	CAPULLO, ANGELIQUE
Address	18861 NW 63 CT CIRCLE EAST	Address	2582 LAKEVIEW CT
City-State-Zip:	MIAMI FL 33015	City-State-Zip:	COOPER CITY FL 33026

*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:** ADRIAN TUR

**MANAGER**

**02/20/2022**

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

\_\_\_\_\_ Date