

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000019724

**Entity Name:** BEAUTY CREATOR,LLC

**Current Principal Place of Business:**

17901 NW 5TH ST.  
SUITE 201  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

17901 NW 5TH ST.  
SUITE 201  
PEMBROKE PINES, FL 33029 US

**FEI Number: 83-3516641**

**Certificate of Status Desired: No**

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

CARDENAS, ANDREA P  
17901 NW 5TH ST  
SUITE 201  
PEMBROKE PINES, FL 33029 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  
Name CARDENAS, ANDREA P  
Address 8900 WASHINGTON BLVD  
BUILDING 70 APT 620  
City-State-Zip: PEMBROKE PINES FL 33025

*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: ANDREA CARDENAS**

**MANAGER**

**03/10/2023**

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

\_\_\_\_\_  
Date