## **2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000061793

Entity Name: QUEENS WHO HUSTLE LLC

**Current Principal Place of Business:** 

3435 WILSON DRIVE HOLIDAY, FL 34691

**Current Mailing Address:** 

3435 WILSON DRIVE HOLIDAY, FL 34691

FEI Number: 83-2646319 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, JASMINE A 3435 WILSON DRIVE HOLIDAY, FL 34691 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

FILED Mar 14, 2020

**Secretary of State** 

1655376882CC

## Authorized Person(s) Detail :

| Title | AMBR | Title | AMBR |
|-------|------|-------|------|
|       |      |       |      |

NameJOHNSON, JASMINE ANameBROCK, MYESHA KAddress3435 WILSON DRIVEAddress3435 WILSON DRIVECity-State-Zip:HOLIDAY FL 34691City-State-Zip:HOLIDAY FL 34691

Title MGR Title MGR

NameJOHNSON, JORDIN HNameGOODEN, AMARI JAddress3435 WILSON DRIVEAddress3435 WILSON DRIVECity-State-Zip:HOLIDAY FL 34691City-State-Zip:HOLIDAY FL 34691

Title MGR Title MGR

NameQUARLES, HARMONY FNameJOHNSON, JOSHUA AAddress3435 WILSON DRIVEAddress3435 WILSON DRIVECity-State-Zip:HOLIDAY FL 34691City-State-Zip:HOLIDAY FL 34691

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: JASMINE JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

**AMBR** 

03/14/2020