

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000061793

Entity Name: QUEENS WHO HUSTLE LLC**Current Principal Place of Business:**8616 FRONTIER TRL
PORT RICHEY, FL 34668**Current Mailing Address:**PO BOX 942
PORT RICHEY, FL 34673 US**FEI Number:** 83-2646319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, JASMINE A
8616 FRONTIER TRL
PORT RICHEY, FL 34668 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 JOHNSON, JASMINE A
Address 3435 WILSON DRIVE
City-State-Zip: HOLIDAY FL 34691

Title MGR
Name JOHNSON, JORDIN H
Address 3435 WILSON DRIVE
City-State-Zip: HOLIDAY FL 34691

Title MGR
Name GOODEN, AMARI J
Address 3435 WILSON DRIVE
City-State-Zip: HOLIDAY FL 34691

Title MGR
Name QUARLES, HARMONY F
Address 3435 WILSON DRIVE
City-State-Zip: HOLIDAY FL 34691

Title MGR
Name JOHNSON, JOSHUA A
Address 3435 WILSON DRIVE
City-State-Zip: HOLIDAY FL 34691

Title MANAGER
Name JOHNSON-HARRISON, DAHVI'ELLA
RAJ
Address 8616 FRONTIER TRL
City-State-Zip: PORT RICHEY FL 34668

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

AMBR

02/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date