

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000089520

**Entity Name:** LUST BODY WORKS, LLC**Current Principal Place of Business:**21116 LIRIO DRIVE  
LAND O LAKES, FL 34637**Current Mailing Address:**18855 ULMUS ST  
LUTZ, FL 33558 US**FEI Number:** 37-1942883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUINTANA, KC  
18855 ULMUS ST  
LUTZ, FL 33558 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            | QUINTANA, KENNETH C    |
| Address         | 21011 PICASSO CT #I201 |
| City-State-Zip: | LAND O LAKES FL 34637  |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | TOLES, DAVID          |
| Address         | 21240 GRAN VIA BLVD   |
| City-State-Zip: | LAND O LAKES FL 34637 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | TOLES, SUSAN          |
| Address         | 21240 GRAN VIA BLVD   |
| City-State-Zip: | LAND O LAKES FL 34637 |

*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:** KENNETH QUINTANA

MANAGER

04/26/2023

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