

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000191679

**Entity Name:** GLAMOURTWINZ, LLC

**Current Principal Place of Business:**

15969 NW 64 AVE  
APT# 301  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

15969 NW 64 AVE  
APT# 301  
MIAMI LAKES, FL 33014

**FEI Number:** 85-0650002

**Certificate of Status Desired:** No

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

BUTLER, SHAWNIKA  
15969 NW 64 AVE  
APT# 301  
MIAMI LAKES, FL 33014 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            CEO  
Name            DE-RAMOS, SHAWNICE  
Address        15969 NW 64 AVE APT# 301  
City-State-Zip: MIAMI LAKES FL 33014

Title            CEO  
Name            DE-RAMOS, THAWNICE  
Address        15969 NW 64 AVE APT# 301  
City-State-Zip: MIAMI LAKES FL 33014

Title            MGR  
Name            BUTLER, SHAWNIKA  
Address        15969 NW 64 AVE APT#301  
City-State-Zip: MIAMI LAKES FL 33014

*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:** SHAWNIKA C BUTLER

**MGR**

**04/26/2022**

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

\_\_\_\_\_  
Date