

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000244899

**Entity Name:** BREATH OF FRESHAIR BY CHRISTINA MARIE LLC

**Current Principal Place of Business:**

206 ASHOURIAN AVE  
UNIT 201-204 SUITE 149  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

7 WELLSHIRE LN  
PALM COAST, FL 32164 US

**FEI Number:** 84-3336958

**Certificate of Status Desired:** No

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

JARDINE, CHRISTINA M  
7 WELLSHIRE LN  
PALM COAST, FL 32164 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            OWNER  
Name            JARDINE, CHRISTINA MARIE  
Address        206 ASHOURIAN AVE  
                  UNITS 201-206 149  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** CHRISTINA JARDINE

**OWNER**

**04/08/2024**

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

\_\_\_\_\_  
Date