

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000066874

**Entity Name:** ARAYEOFBEAUTYLLC

**Current Principal Place of Business:**

215 LAKE ARBOR DR  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

215 LAKE ARBOR DR  
PALM SPRINGS, FL 33461

**FEI Number:** 84-5000541

**Certificate of Status Desired:** No

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

HATCHETTE, NICOLE  
215 LAKE ARBOR DR  
PALM SPRINGS, FL 33461 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 ROWE, LEIGHTON  
Address 215 LAKE ARBOR DR  
City-State-Zip: PALM SPRINGS FL 33461

Title AUTHORIZED MEMBER  
Name ROWE, SAVIAN  
Address 215 LAKE ARBOR DR  
City-State-Zip: PALM SPRINGS FL 33461

*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:** LEIGHTON ROWE

**MANAGER**

**04/23/2021**

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

\_\_\_\_\_  
Date