

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000195814

**Entity Name:** BEAUTE DIVINE, LLC

**Current Principal Place of Business:**

925 EASTERWOOD CT SE  
PALM BAY, FL 32909

**Current Mailing Address:**

925 EASTERWOOD CT SE  
PALM BAY, FL 32909 UN

**FEI Number:** 27-4672211

**Certificate of Status Desired:** No

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

SCHAROUN, YOLLY  
925 EASTERWOOD CT SE  
PALM BAY, FL 32909 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            PRES  
Name            SCHAROUN, YOLLY  
Address        925 EASTERWOOD CT SE  
City-State-Zip: PALM BAY FL 32909

Title            PRES  
Name            SCHAROUN, YOLLY  
Address        925 EASTERWOOD CT SE  
City-State-Zip: PALM BAY FL 32909

Title            PRES  
Name            SCHAROUN, YOLLY  
Address        925 EASTERWOOD CT SE  
City-State-Zip: PALM BAY FL 32909

Title            PRES  
Name            SCHAROUN, YOLLY  
Address        EAU GALLIE BLVD  
City-State-Zip: MELBOURNE FL 32935

Title            PRES  
Name            SCHAROUN, YOLLY  
Address        925 EASTERWOOD CT SE  
City-State-Zip: PALM BAY FL 32909

Title            PRES  
Name            SCHAROUN, YOLLY  
Address        925 EASTERWOOD CT SE  
City-State-Zip: PALM BAY FL 32909

*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:** YOLLY SCHAROUN

**OWNER**

**02/23/2021**

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

\_\_\_\_\_  
Date