

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000323620

**Entity Name:** BLACKMANE SKINCARE LLC

**Current Principal Place of Business:**

5335 N MILITARY TRAIL  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

5335 N MILITARY TRAIL  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 85-3082047

**Certificate of Status Desired:** No

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

DENTON, MAURICEA  
5335 N MILITARY TRAIL  
WEST PALM BEACH, FL 33407 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	MANAGER	Title	OTHER, ASST MANAGER
Name	DENTON, MAURICEA	Name	HEWITT, NEVILLE JR
Address	5335 N MILITARY TRAIL	Address	480 HAROLD DOBBS RD
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	COVINGTON GA 30016

*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:** MAURICEA DENTON

MANAGER

04/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date