

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000369312

**Entity Name:** COMPLEXIONS LLC

**Current Principal Place of Business:**

1518 MELVIN STREET, #1  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

820 MEDICAL COMMONS CT  
TALLAHASSEE, FL 32310 US

**FEI Number:** 85-4302243

**Certificate of Status Desired:** No

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

HIGHLAND, ANITRA  
820 MEDICAL COMMONS CT.  
TALLAHASSEE, FL 32310 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:** ANITRA HIGHLAND

04/28/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, AUTHORIZED MEMBER  
Name HIGHLAND, ANITRA  
Address 820 MEDICAL COMMONS CT  
City-State-Zip: TALLAHASSEE FL 32310

*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:** ANITRA HIGHLAND

OWNER

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date