

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000069984

**Entity Name:** BLACK MAGNOLIA AESTHETICS LLC

**Current Principal Place of Business:**

11112 HUDSON HILLS LANE  
RIVERVIEW, FL 33579

**Current Mailing Address:**

11112 HUDSON HILLS LANE  
RIVERVIEW, FL 33579 US

**FEI Number:** 87-1302490

**Certificate of Status Desired:** No

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

STEWARD, AMBREYA L  
11112 HUDSON HILLS LANE  
RIVERVIEW, FL 33579 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:** AMBREYA STEWARD

03/15/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name STEWARD, AMBREYA  
Address 11112 HUDSON HILLS LANE  
City-State-Zip: RIVERVIEW FL 33579

*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:** AMBREYA STEWARD

AMBR

03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date