

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000085664

**Entity Name:** EXTRAVAGANT TRANSFORMATIONS LLC

**Current Principal Place of Business:**

1889 SW LEAFY RD  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

1889 SW LEAFY RD  
PORT ST. LUCIE, FL 34953 US

**FEI Number: 86-3602082**

**Certificate of Status Desired: No**

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

CAMPBELL, STEPHEN J  
820 SOUTH 9TH STREET  
LANTANA, FL 33462 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            AMBR  
Name            CAMPBELL, STEPHEN  
Address        5816 SOUTH 37TH STREET  
City-State-Zip: GREENACRES FL 33463

Title            MGR  
Name            MOISE, NEDGY  
Address        5816 SOUTH 37TH STREET  
City-State-Zip: GREENACRES FL 33463

*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: STEPHEN CAMPBELL**

**AMBR**

**04/24/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date