

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000384344

Entity Name: GLAMANGEL LLC

Current Principal Place of Business:

1100 HALIFAX MEDICAL CENTER DR
8108
DAYTONA BEACH, FL 32114

Current Mailing Address:

P.O. BOX 650435
VERO BEACH, FL 32965 US

FEI Number: 85-0589283

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM, ATRISCE A
1100 HALIFAX MEDICAL CENTER DR
DAYTONA BEACH, FL 32114 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 OWNER
Name GRAHAM , ATRISCE ANGEL
Address P.O. BOX 650435
City-State-Zip: VERO BEACH FL 32965

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: ATRISCE GRAHAM

CEO

04/30/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date