

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000406299

**Entity Name:** LOYAL BEAUTY, LLC

**Current Principal Place of Business:**

1212 E WHITING ST  
B  
TAMPA, FL 33602

**FILED**  
**Apr 19, 2022**  
**Secretary of State**  
**0820493014CC**

**Current Mailing Address:**

1212 E WHITING ST  
B  
TAMPA, FL 33602 US

**FEI Number: 35-2733104**

**Certificate of Status Desired: No**

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

LOPEZ LEAL, CONSTANZA  
1212 E WHITING ST  
B  
TAMPA, FL 33602 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 MGR  
Name LOPEZ LEAL, CONSTANZA  
Address 1212 E WHITING ST, UNIT B  
City-State-Zip: TAMPA FL 33602

Title AR  
Name LEAL BUTLER, MARIA G  
Address 1153 ALMONDWOOD DR  
City-State-Zip: TRINITY FL 34655

Title AR  
Name LISTER, BROCK D  
Address 1212 E WHITING ST, UNIT B  
City-State-Zip: TAMPA FL 33602

*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: CONSTANZA LOPEZ LEAL**

**MGR**

**04/19/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date