

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000024099

**Entity Name:** BABY SEVEN LLC

**Current Principal Place of Business:**

11850 WEST STATE RD84  
STE A11  
DAVIE, FL 33325

**Current Mailing Address:**

11850 WEST STATE RD84  
STE A11  
DAVIE, FL 33325 US

**FEI Number:** 87-4354365

**Certificate of Status Desired:** No

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

B FACED LLC  
11850 WEST STATE RD84  
STE A11  
DAVIE, FL 33325 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 NOEL, BIANCA  
Address 11850 WEST STATE RD 84 STE A11  
City-State-Zip: DAVIE FL 33325

Title AMBR  
Name JONES, SEVEN  
Address 11850 WEST STATE RD 84 STE A11  
City-State-Zip: DAVIE FL 33325

*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:** BIANCA NOEL

**MANAGER**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date