

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000225290

**Entity Name:** 360DELUXE ENT LLC

**Current Principal Place of Business:**

1751 NE 31ST ST  
12  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

1751 NE 31ST ST  
12  
POMPANO BEACH, FL 33064

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AZARD, ROSENIE S  
2246 OAK BEACH BLVD  
SEBRING, FL 33875 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 AZARD, JEAN W  
Address 1751 NE 31ST ST APT 12  
City-State-Zip: POMANO BEACH FL 33064

Title AMBR  
Name AZARD, GOODSONLEY SR  
Address 1606 ASBURY WAY  
City-State-Zip: BOYNTON BEACH FL 33426

Title AMBR  
Name AZARD, ROSENIE S  
Address 2246 OAK BEACH BLVD  
City-State-Zip: SEBRING FL 33875

Title AMBR  
Name JOSEPH, SHARON W  
Address 1606 ASBURY WAY  
City-State-Zip: BOYNTON BEACH FL 33426

*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:** ROSENIE AZARD

04/30/2023

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

\_\_\_\_\_  
Date