## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000319671

Entity Name: BOUJEE BAGG, LLC.

## **Current Principal Place of Business:**

6001 ARGYLE FOREST BLVD SUITE 21-354 JACKSONVILLE, FL 32244 FILED
Apr 30, 2023
Secretary of State
8527219675CC

## **Current Mailing Address:**

6001 ARGYLE FOREST BLVD SUITE 21-354 JACKSONVILLE, FL 32244 US

FEI Number: 92-1307880 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GLOVER, CHANITA D 6001 ARGYLE FOREST BLVD SUITE 21-354 JACKSONVILLE, FL 32244 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 MGRM Title MGR

Name GLOVER, AYDEN D Name BOLDEN, KYRA D

Address 6001 ARGYLE FOREST BLVD, 21-354 Address 6001 ARGYLE FOREST BLVD, 21-354

City-State-Zip: JACKSONVILLE FL 32244 City-State-Zip: JACKSONVILLE FL 32244

Title MGR Title AR

Name JOHNSON, ZARIAH J Name GLOVER, CHANITA

Address 6001 ARGYLE FOREST BLVD, 21-354 Address 6001 ARGYLE FOREST BLVD, 21-354

City-State-Zip: JACKSONVILLE FL 32244 City-State-Zip: JACKSONVILLE FL 32244

Title AR

Name BOLDEN, MYRA N

Address 6001 ARGYLE FOREST BLVD, 21-354

City-State-Zip: JACKSONVILLE FL 32244

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.

Electronic Signature of Signing Authorized Person(s) Detail

AR