

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000387737

**Entity Name:** ALBA BEAUTY & HEALTH LLC

**Current Principal Place of Business:**

1142 NW 6TH ST  
APT 2  
MIAMI, FL 33136

**Current Mailing Address:**

1142 NW 6TH ST  
APT 2  
MIAMI, FL 33136 US

**FEI Number:** 92-0243468

**Certificate of Status Desired:** No

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

HERRERA, ALBA M  
1142 NW 6TH ST  
APT 2  
MIAMI, FL 33136 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 HERRERA, ALBA M  
Address 1142 NW 6TH ST  
APT 2  
City-State-Zip: MIAMI FL 33136

*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:** ALBA M HERRERA

MGR

08/16/2023

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

\_\_\_\_\_  
Date