

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000413635

**Entity Name:** BODY YOU DESIGN LLC

**Current Principal Place of Business:**

4404 SW SHADD ST.  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

4404 SW SHADD ST.  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 92-0504693

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 HUDSON, MARIA S  
Address 4404 SW SHADD ST.  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title AMBR  
Name HUDSON, JASON  
Address 4404 SW SHADD ST.  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** MARIA HUDSON

**OWNER**

**02/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date