

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000442789

**Entity Name:** BLOOD MOON EARRINGS LLC

**Current Principal Place of Business:**

8850 NW 16 STREET  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

8850 NW 16 STREET  
PEMBROKE PINES, FL 33024

**FEI Number: 88-4192147**

**Certificate of Status Desired:** No

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

RAMOS, KATRINA M  
8850 NW 16 STREET  
PEMBROKE PINES, FL 33024 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            RAMOS, KATRINA M  
Address        8850 NW 16 STRRET  
City-State-Zip:   PEMBROKE PINES FL 33024

*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: KATRINA RAMOS**

**AMBR**

**03/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date