

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000521807

Entity Name: DIVAS PINK LLC**Current Principal Place of Business:**102 BATTLES STREET
PORT ST. JOE, FL 32456**Current Mailing Address:**102 BATTLES STREET
PORT ST. JOE, FL 32456**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 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	P
Name	LIKELY, DONNA
Address	102 BATTLES STREET
City-State-Zip:	PORT ST. JOE FL 32456

Title	AMBR
Name	MIDDLETON, LACRETHIA
Address	102 BATTLES STREET
City-State-Zip:	PORT ST. JOE FL 32456

Title	AMBR
Name	MEYERS, LUKESHA
Address	102 BATTLES STREET
City-State-Zip:	PORT ST. JOE FL 32456

Title	AMBR
Name	FOSTER, MARSHELIA
Address	102 BATTLES STREET
City-State-Zip:	PORT ST. JOE FL 32456

Title	MMBR
Name	FOSTER, MARSHELIA
Address	102 BATTLES STREET
City-State-Zip:	PORT ST. JOE FL 32456

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: LIKELY , DONNA

P

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date