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: CHRIST ANGE JOASSAINT

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000389726

Entity Name: NATURAL PLUS BEAUTY CARE LLC

Current Principal Place of Business:

417 RAINBOW SPRINGS CT UNIT 201 BRANDON, FL 33510

Current Mailing Address:

417 RAINBOW SPRINGS CT UNIT 201 BRANDON, FL 33510

FEI Number: 93-3013639

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

JOASSAINT, CHRIST ANGE 417 RAINBOW SPRINGS CT UNIT 201 BRANDON, FL 33510 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:

Authorized Person(s) Detail :			
Title	CEO	Title	CEO
Name	JOASSAINT, CHRIST ANGE	Name	LAQUERRE, JOHN J
Address	417 RAINBOW SPRINGS CT UNIT 201	Address	417 RAINBOW SPRINGS CT UNIT 201
City-State-Zip:	BRANDON FL 33510	City-State-Zip:	BRANDON FL 33510

FILED Feb 12, 2024 Secretary of State 3537142960CC

Certificate of Status Desired: No

CEO 02/12/2024

Date

Date