

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000491590

Entity Name: MOMZLIFE SERVICES LIMITED LIABILITY COMPANY

Current Principal Place of Business:

5845 CASSANDRA CT
WEST PALM BEACH, FL 33415

Current Mailing Address:

5845 CASSANDRA CT
WEST PALM BEACH, FL 33415

FEI Number: 93-4182375

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LABRANCHE, MIMOSE
5845 CASSANDRA CT
WEST PALM BEACH, FL 33415 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 LABRANCHE, MIMOSE
Address 5845 CASSANDRA CT
City-State-Zip: WEST PALM BEACH FL 33415

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: MIMOSE LABRANCHE

OWNER

02/09/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date