

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000034527

**Entity Name:** BEAUTY CARE SUPPLY, LLC

**Current Principal Place of Business:**

5150 N.W. 101 PLACE  
DORAL, FL 33178

**Current Mailing Address:**

5150 N.W. 101 PLACE  
DORAL, FL 33178

**FEI Number:** 46-2297424

**Certificate of Status Desired:** No

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

BARBOJ, GODFREY  
5150 N.W. 101 PLACE  
DORAL, FL 33178 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	MGRM	Title	MGRM
Name	BARBOJ, GODFREY	Name	BARBOJ, PRISCILLA
Address	5150 N.W. 101 PLACE	Address	5150 N.W. 101 PLACE
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** GODFREY BARBOJ

**MGRM**

**01/13/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date