

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000212584

**Entity Name:** BOUTIQUE STYLISTIQUE, LLC**Current Principal Place of Business:**4725 N UNIVERSITY DRIVE  
LAUDERHILL, FL 33351**Current Mailing Address:**10380 SW VILLAGE CENTER DRIVE  
PMB#340  
PORT SAINT LUCIE, FL 34987 US**FEI Number:** 81-4551048**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GENTRY, ANTONIA L. PLLC  
745 SE PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34984 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:** ANTONIA L GENTRY

04/28/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | AMBR                                     |
| Name            | ORENCIA BARZEY REVOCABLE TRUST           |
| Address         | 10380 SW VILLAGE CENTER DRIVE<br>PMB#340 |
| City-State-Zip: | PORT SAINT LUCIE FL 34987                |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | SMITH, JAH-TAHRA SADE   |
| Address         | 2982 SW COLLINGS DR     |
| City-State-Zip: | PORT ST. LUCIE FL 34953 |

*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:** ORENCIA BARZEY

AMBR

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date