

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000082559

**Entity Name:** TIFFANY'S MULTIFACETED LLC

**Current Principal Place of Business:**

110 WOODCREST DRIVE  
116  
SAINT AUGUSTINE , FL 32084

**Current Mailing Address:**

110 WOODCREST DRIVE  
116  
SAINT AUGUSTINE , FL 32084 US

**FEI Number:** 82-5064514

**Certificate of Status Desired:** No

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

DANIELS, TIFFANY D  
110 WOODCREST DRIVE  
116  
SAINT AUGUSTINE , FL 32084 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           MANAGER  
Name           DANIELS, TIFFANY D  
Address       110 WOODCREST DRIVE  
                  116  
City-State-Zip: SAINT AUGUSTINE FL 32084

*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:** TIFFANY DANIELS

**MANAGER**

**01/15/2022**

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

\_\_\_\_\_  
Date