

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000163640

**Entity Name:** LAVISHME BOUTIQUE LLC

**Current Principal Place of Business:**

125 S SEQUOIA DR  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

125 S SEQUOIA DR  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 84-2245802

**Certificate of Status Desired:** No

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

THELUSME, MONISHA  
125 S SEQUOIA DR  
WEST PALM BEACH, FL 33409 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 PTSD  
Name THELUSME, MONISHA  
Address 125 S SEQUOIA DR  
City-State-Zip: WEST PALM BEACH FL 33409

Title VP  
Name THELUSME, CALEB  
Address 125 S SEQUOIA DR  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** MONISHA THELUSME

PTSD

02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date