**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 18, 2025**
**Secretary of State**
**5428893345CC**

DOCUMENT# L19000219825

**Entity Name:** LUXE LAB ESSENTIALS LLC

**Current Principal Place of Business:**

6645 ARGYLE FOREST BLVD SUITE 4 PMB 3049
JACKSONVILLE, FL 32244

**Current Mailing Address:**

6645 ARGYLE FOREST BLVD SUITE 4 PMB 3049
JACKSONVILLE, FL 32244 US

**FEI Number: 33-3715874**

**Certificate of Status Desired:** No

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

JOHNSON, SAMARIA N
6645 ARGYLE FOREST BLVD
SUITE 4 PMB 3049
JACKSONVILLE, FL 32244 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 | CEO |
| Name | JOHNSON, SAMARIA N |
| Address | 6625 ARGYLE FOREST BLVD SUIT 4<br>PMB 3049 |
| City-State-Zip: | JACKSONVILLE FL 32244 |

*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: SAMARIA JOHNSON CEO 04/18/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date