

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000132975

**Entity Name:** CLAUDETTE NICOLE BEAUTY LLC

**Current Principal Place of Business:**

4612 URBAN COURT  
ORLANDO, FL 32810

**Current Mailing Address:**

PO BOX 534  
CLARACONA, FL 32710 US

**FEI Number:** 85-1069178

**Certificate of Status Desired:** Yes

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

AGBONKHESE, CLAUDETTE N  
4612 URBAN COURT  
ORLANDO, FL 32810 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 MGR  
Name AGBONKHESE, CLAUDETTE NICOLE  
Address PO BOX 534  
City-State-Zip: CLARACONA FL 32710

*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:** CLAUDETTE NICOLE AGBONKHESE

**MANAGER**

**04/25/2021**

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

\_\_\_\_\_  
Date