## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000204963

Entity Name: BLOWSUMMO LIP CARE LLC

**Current Principal Place of Business:** 

319 45TH AVE SOUTH

SAINT PETERSBURG. FL 33705

**Current Mailing Address:** 

319 45TH AVENUE SOUTH ST. PETERSBURG. FL 33705 US

FEI Number: 85-1602445 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRUITT, DOMINIQUE N 319 45TH AVE SOUTH SAINT PETERSBURG, FL 33705 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

FILED May 01, 2025

**Secretary of State** 

4795084050CC

## Authorized Person(s) Detail:

Title MGR

Name PRUITT, DOMINIQUE N

Address 319 45TH AVE S

City-State-Zip: SAINT PETERSBURG FL 33705

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.