

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000357171

**Entity Name:** SUCCULENT KISSES BYBELLAKAY LLC**Current Principal Place of Business:**3140 NW 131ST  
APT 44  
OPA LOCKA, FL 33054**Current Mailing Address:**3140 NW 131ST  
APT 44  
OPA LOCKA, FL 33054 US**FEI Number:** 85-1105637**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBINSON, AKARIA K  
3140 NW 131ST  
APT 44  
OPA LOCKA, FL 33054 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                     | Title           | VP                      |
| Name            | ROBINSON, AKARIA K      | Name            | ROBINSON , BELLA J      |
| Address         | 3140 NW 131ST<br>APT 44 | Address         | 3140 NW 131ST<br>APT 44 |
| City-State-Zip: | OPA LOCKA FL 33054      | City-State-Zip: | OPA LOCKA FL 33054      |
| Title           | AP                      | Title           | MGR                     |
| Name            | ROBINSON , AKARIA K     | Name            | ROBINSON, AKARIA K      |
| Address         | 3140 NW 131ST<br>APT 44 | Address         | 3140 NW 131ST<br>APT 44 |
| City-State-Zip: | OPA LOCKA FL 33054      | City-State-Zip: | OPA LOCKA FL 33054      |
| Title           | CFO                     | Title           | CMO                     |
| Name            | ROBINSON, AKARIA K      | Name            | ROBINSON, AKARIA K      |
| Address         | 3140 NW 131ST<br>APT 44 | Address         | 3140 NW 131ST<br>APT 44 |
| City-State-Zip: | OPA LOCKA FL 33054      | City-State-Zip: | OPA LOCKA FL 33054      |

*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:** AKARIA K ROBINSON

CEO

03/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date