2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2024
Secretary of State
1048914953CC

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: No

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 APT 44	Address	3140 NW 131ST 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 APT 44	Address	3140 NW 131ST 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 APT 44	Address	3140 NW 131ST 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 ROBINSON CEO 05/01/2024

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