

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000016280

**Entity Name:** VICTORIA'S GOOD VIBES BOUTIQUE LLC

**Current Principal Place of Business:**

6180 BABCOCK STREET SE STE 16  
PALM BAY, FL 32909

**Current Mailing Address:**

6180 BABCOCK STREET SE STE 16  
PALM BAY, FL 32909 US

**FEI Number:** 86-2870237

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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           | AMBR                    | Title           | AMBR                    |
| Name            | VALDES, ALISABET        | Name            | VALDES, LUIS            |
| Address         | 7901 4TH ST N STE 300   | Address         | 7901 4TH ST N STE 300   |
| City-State-Zip: | ST. PETERSBURG FL 33702 | City-State-Zip: | ST. PETERSBURG FL 33702 |

*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:** ALISABET VALDES

**OWNER**

**04/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date