

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000027528

**Entity Name:** VLUXX BOUTIQUE LLC

**Current Principal Place of Business:**

2050 COLLIER AVE  
SUITE 110  
FORT MYERS, FL 33901

**Current Mailing Address:**

2050 COLLIER AVE  
SUITE 110  
FORT MYERS, FL 33901 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ROBINSON, ALFRICA N  
3314 ELLINGTON COURT  
FORT MYERS, FL 33916 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	GREENE, XZARIA T	Name	ROBINSON, ALFRICA N
Address	2050 COLLIER AVE SUITE110	Address	2050 COLLIER AVE SUITE 110
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	FORT MYERS FL 33901

*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:** XZARIA T GREENE

**AUTHORIZED MEMBER**

**05/01/2024**

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

\_\_\_\_\_  
Date