## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000081152

Entity Name: LA'PEARL DYNASTY DYNASTYBRAIDZ LLC

**FILED** Apr 05, 2022 **Secretary of State** 0089681407CC

## **Current Principal Place of Business:**

1100 KINGS ROAD **SUITE 2742** 

JACKSONVILLE, FL 32203

## **Current Mailing Address:**

1100 KINGS ROAD **SUITE 2742** JACKSONVILLE, FL 32203 US

FEI Number: 86-1589277 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COOK, BARBARA L 1100 KINGS ROAD **SUITE 2742** JACKSONVILLE, FL 32203 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:

Authorized Person(s) Detail:

Title **AMBR** Title **AMBR** 

Electronic Signature of Registered Agent

Name COOK, BARBARA LUCIA Name COOK, BARBARA LUCIA

1100 KINGS ROAD 1100 KINGS ROAD Address Address **SUITE 2742 SUITE 2742** 

City-State-Zip: JACKSONVILLE FL 32203 City-State-Zip: JACKSONVILLE FL 32203

Title **AMBR** Title AMBR

Name COOK, BARBARA LUCIA Name COOK, BARBARA LUCIA

1100 KINGS ROAD 1100 KINGS ROAD Address Address

**SUITE 2742 SUITE 2742** 

City-State-Zip: JACKSONVILLE FL 32203 City-State-Zip: JACKSONVILLE FL 32203

Title **AMBR** Title **AMBR** 

COOK, BARBARA LUCIA COOK, BARBARA LUCIA Name Name

1100 KINGS ROAD 1100 KINGS ROAD Address Address

> **SUITE 2742 SUITE 2742**

JACKSONVILLE FL 32203 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32203

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: BARBARA LUCIA COOK

BARBARA COOK

04/05/2022

Date