

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000115175

**Entity Name:** PRETTY FACE SKIN BAR LLC

**Current Principal Place of Business:**

1800 ATLANTIC BLVD.  
SUITE 3  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1800 ATLANTIC BLVD.  
SUITE 3  
JACKSONVILLE, FL 32207 US

**FEI Number:** 86-2324979

**Certificate of Status Desired:** No

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

MOTON, NORMARA  
11251 ROBERT MASTERS CT  
JACKSONVILLE, FL 32218 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 MGR  
Name MOTON, NORMARA  
Address 11251 ROBERT MASTERS CT  
City-State-Zip: JACKSONVILLE FL 32218

Title PRESIDENT  
Name MOTON, JAI  
Address 11251 ROBERT MASTERS CT  
City-State-Zip: JACKSONVILLE FL 32218

Title VP  
Name MOTON, JADE  
Address 11251 ROBERT MASTERS CT  
City-State-Zip: JACKSONVILLE FL 32218

Title CHAIRMAN  
Name AVERY, SEMAJ  
Address 11251 ROBERT MASTERS CT  
City-State-Zip: JACKSONVILLE FL 32218

*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:** NORMARA MOTON

**04/30/2023**

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

\_\_\_\_\_  
Date