

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000132954

**Entity Name:** BLUE\_GODDESS\_MASSAGE LLC

**Current Principal Place of Business:**

416 NW 5TH TERR  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

416 NW 5TH TERR  
HALLANDALE BEACH, FL 33009

**FEI Number:** 86-2550750

**Certificate of Status Desired:** No

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

WILLIAMS, KADESHIA S  
416 NW 5TH TERR  
HALLANDALE BEACH, FL 33009 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            OWNER  
Name            WILLIAMS , KADESHIA SHONICE  
Address        416 NW 5TH TERR  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** KADESHIA SHONICE WILLIAMS

**03/10/2022**

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

\_\_\_\_\_  
Date