

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000365636

**Entity Name:** KOMPLETE SKINKARE LLC

**Current Principal Place of Business:**

1012 E SILVER SPRINGS BLVD.  
UNIT 5  
OCALA, FL 34470

**Current Mailing Address:**

8141 SW 56TH TER  
OCALA, FL 34476 US

**FEI Number: 87-2937386**

**Certificate of Status Desired:** Yes

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

ROSS, LAKIA  
8141 SW 56TH TER  
OCALA, FL 34476 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	Title	AR
Name	ROSS, LAKIA	Name	MACKEY-BARNES, LEANN
Address	8141 SW 56TH TER	Address	8141 SW 56TH TER
City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34476

*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:** LAKIA ROSS

**04/27/2024**

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

\_\_\_\_\_  
Date