

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000443120

**Entity Name:** ALLURE LOUNGE & WELLNESS BAR LLC

**Current Principal Place of Business:**

1626 W ORANGE BLOSSOM TRAIL  
#1010  
APOPKA, FLORIDA 32712

**Current Mailing Address:**

1626 W ORANGE BLOSSOM TRAIL  
#1010  
APOPKA, FLORIDA 32712 UN

**FEI Number:** 87-3391401

**Certificate of Status Desired:** No

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

GAMBLE-HART, KRISTY S  
1626 W ORANGE BLOSSOM TRAIL  
#1010  
APOPKA, FL 32712 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            GAMBLE-HART, KRISTY  
Address        1626 W ORANGE BLOSSOM TRAIL  
                  #1010  
City-State-Zip: APOPKA FL 32712

*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:** KRISTY GAMBLE-HART

**OWNER**

**04/27/2023**

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

\_\_\_\_\_  
Date