

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000449860

**Entity Name:** SELF-CARE FOR MELANATED MAMAS LLC

**Current Principal Place of Business:**

2653 BRUCE B DOWNS BLVD  
STE 108A # 1052  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

2653 BRUCE B DOWNS BLVD  
STE 108A # 1052  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** 87-3134699

**Certificate of Status Desired:** No

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

TRAILER, NICOLE M  
2653 BRUCE B DOWNS BLVD  
STE 108A # 1052  
WESLEY CHAPEL, FL 33544 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           | MGR                           |
| Name            | TRAILER, NICOLE M             | Name            | CAMPBELL, KAYLANI             |
| Address         | 8606 HUNTERS VILLAGE RD. #115 | Address         | 8606 HUNTERS VILLAGE RD. #115 |
| City-State-Zip: | TAMPA FL 33647                | City-State-Zip: | TAMPA FL 33647                |

*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:** NICOLE TRAILER

MGR

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date