

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000101634

**Entity Name:** LADY A BEAUTY CONSULTANT LLC

**Current Principal Place of Business:**

620 S COLLINS ST  
PLANT CITY FLORIDA, FL 33563

**Current Mailing Address:**

2619 WALDEN WOODS DR  
PLANT CITY FLORIDA, FL 33566 US

**FEI Number: 88-1182203**

**Certificate of Status Desired: No**

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

DAVIS, AVIS  
2619 WALDEN WOODS DR  
PLANT CITY, FL 33566 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 AMBR  
Name DAVIS, LOWELL T  
Address 2619 WALDEN WOODS DR  
City-State-Zip: PLANT CITY FL 33566

Title MBR  
Name DAVIS, CHARITI T  
Address 2619 WALDEN WOODS DR  
City-State-Zip: PLANT CITY FL 33566

Title MGR  
Name DAVIS, AVIS F  
Address 2619 WALDEN WOODS DR  
City-State-Zip: PLANT CITY FL 33566

*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: AVIS DAVIS**

**OWNER/MGR**

**01/12/2023**

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

\_\_\_\_\_  
Date