

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000127385

**Entity Name:** D ANGELICAL BEAUTY LLC

**Current Principal Place of Business:**

3900 N. HAVERHILL RD ST.223664  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

PO. BOX 223664  
WEST PALM BEACH, FL 33422 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ADELPHIN, DELCITA  
3900 N. HAVERHILL RD ST.223664  
WEST PALM BEACH, FL 33417 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            ADELPHIN, DELCITA  
Address        3900 N. HAVERHILL RD ST.223664  
City-State-Zip: WEST PALM BEACH FL 33417

*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:** DELCITA ADELPHIN

AMBR

04/30/2025

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

\_\_\_\_\_  
Date