

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000215953

**Entity Name:** AMBAR'S SPA & ESTHETICS LLC

**Current Principal Place of Business:**

719 N CALHOUN ST  
B  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2424 W THARPE ST  
3E  
TALLAHASSEE, FL 32303 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COLLAZO CABRERA, AMBAR  
2424 W THARPE ST  
3E  
TALLAHASSEE, FL 32303 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            COLLAZO CABRERA, AMBAR A  
Address        2424 W THARPE ST  
                  3E  
City-State-Zip: TALLAHASSEE FL 32303

*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:** AMBAR COLLAZO CABRERA

02/09/2024

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

\_\_\_\_\_  
Date