

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000231340

**Entity Name:** JOANE BEAUTY PAM & MULTIPLE SERVICES LLC

**Current Principal Place of Business:**

1924 JLAWSON BLVD  
ORLANDO, FL 32824

**Current Mailing Address:**

1924 JLAWSON BLVD  
ORLANDO, FL 32824 US

**FEI Number: 88-2736078**

**Certificate of Status Desired: No**

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

LAURENT, JOANE  
1924 J LAWSON BLVD  
ORLANDO, FL 32824 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  
Name LAURENT, JOANE  
Address 1924 JLAWSON BLVD  
City-State-Zip: ORLANDO FL 32824

Title MGR  
Name LAURENT, JOANE  
Address 1924 JLAWSON BLVD  
City-State-Zip: ORLANDO FL 32824

Title MGR  
Name LAURENT, JOANE  
Address 1924 JLAWSON BLVD  
City-State-Zip: ORLANDO FL 32824

Title MGR  
Name LAURENT, JOANE  
Address 1924 JLAWSON BLVD  
City-State-Zip: ORLANDO FL 32824

Title GMR  
Name LAURENT, JOANE  
Address 1924 JLAWSON BLVD  
City-State-Zip: ORLANDO FL 32824

Title MGR  
Name LAURENT, JOANE  
Address 1924 JLAWSON BLVD  
City-State-Zip: ORLANDO FL 32824

*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: JOANE LAURENT**

**PRESIDENT**

**04/12/2024**

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

\_\_\_\_\_  
Date