## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000435990

Entity Name: A TOUCH OF LAVISH LLC

**Current Principal Place of Business:** 

OPA-LOCKA, FL 33054

13351 PORT SAID RD

**Current Mailing Address:** 

13351 PORT SAID RD OPA-LOCKA, FL 33054 US

FEI Number: 88-4180370 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, KADEJSHA L 1827 NW 43 STREET MIAMI, FL 33142 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

**FILED** Apr 28, 2025

**Secretary of State** 

8157851014CC

## Authorized Person(s) Detail:

Title MGR

Name JONES, KADEJSHA L Address **1827 NW 43 STREEET** 

City-State-Zip: MIAMI FL 33142

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: KADEJSHA JONES **MANAGER** Electronic Signature of Signing Authorized Person(s) Detail

04/28/2025 Date