

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000140624

**Entity Name:** ARTISTRY BY ASHLYN LLC

**Current Principal Place of Business:**

1649 FORUM PL, UNIT 2  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

5447 STARFISH RD  
WESTLAKE, FL 33470

**FEI Number:** 93-2614491

**Certificate of Status Desired:** No

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

SHABER, ASHLYN  
5447 STARFISH RD  
WESTLAKE, FL 33470 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            OWNER  
Name            SHABER, ASHLYN  
Address        1649 FORUM PL  
                  UNIT 2  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** ASHLYN SHABER

**OWNER**

**01/25/2024**

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

\_\_\_\_\_  
Date