

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000362922

**Entity Name:** ENHANCED SPACES LLC

**Current Principal Place of Business:**

147 SOUTH END STREET  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

147 SOUTH END STREET  
SAINT AUGUSTINE, FL 32095 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NAGEL ALLGOOD, ERICA  
147 SOUTH END STREET  
ST. AUGUSTINE, FL 32095 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            FOUNDER/TRAINER/CONSULTANT  
Name            NAGEL ALLGOOD, ERICA  
Address        147 SOUTH END STREET  
City-State-Zip: ST. AUGUSTINE 32095

*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:** ERICA NAGEL ALLGOOD

**FOUNDER/TRAINER/CON    02/08/2024**  
**SULTANT**

Electronic Signature of Signing Authorized Person(s) Detail

Date