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.

MANAGER

SIGNATURE: SCHARLOTTE WILLIAMS

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000014382

Entity Name: CROWNED QUEEN FULL SALON & BOUTIQUE L.L.C

Current Principal Place of Business:

12421 N FLORIDA AVE SUITE 101 TAMPA, FL 33612

Current Mailing Address:

P.O BOX 11691 TAMPA, FL 33680 US

FEI Number: 93-2912797

Name and Address of Current Registered Agent:

WILLIAMS, SCHARLOTTE 12421 N FLORIDA AVE SUITE 101 TAMPA, FL 33612 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

Authorized Person(s) Detail :

TitleMGRNameWILLIAMS, SCHARLOTTEAddress12421 N FLORIDA AVE, SUITE 101City-State-Zip:TAMPA FL 33612

FILED Apr 29, 2024 Secretary of State 5048306329CC

Certificate of Status Desired: No

Date

04/29/2024

Date