

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000351303

**Entity Name:** EXHUME BEAUTY AND WELLNESS LLC

**Current Principal Place of Business:**

12751 SW 226 ST  
MIAMI, FL 33170

**Current Mailing Address:**

12751 SW 226 ST  
MIAMI, FL 33170

**FEI Number:** 99-5109059

**Certificate of Status Desired:** Yes

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

COMMOCK, SHELLY-ANN M  
12751 SW 226 ST  
MIAMI, FL 33170 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            CEO  
Name            COMMOCK, SHELLY-ANN M  
Address        12751 SW 226 ST  
City-State-Zip: MIAMI FL 33170

*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:** SHELLY-ANN MARIE COMMOCK

CEO

03/31/2025

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

\_\_\_\_\_  
Date