

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L25000316186

Entity Name: LAILAHS LAVISH SELF CARE CO LLC

Current Principal Place of Business:

365 HERMES STREET
JACKSONVILLE, FL 32254

Current Mailing Address:

365 HERMES STREET
JACKSONVILLE, FL 32254

FEI Number: 39-3270690

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KNOX, TIFFANY C
365 HERMES STREET
JACKSONVILLE, FL 32254 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 KNOX, TIFFANY C
Address 365 HERMES STREET
City-State-Zip: JACKSONVILLE FL 32254

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: TIFFANY KNOX

OWNER

02/06/2026

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date