

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000399011

**Entity Name:** CUTZBYLJ LLC

**Current Principal Place of Business:**

1601-1 N MAIN ST #3159  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1601-1 N MAIN ST #3159  
JACKSONVILLE, FL 32206 US

**FEI Number:** 87-2635672

**Certificate of Status Desired:** No

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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            AMBR  
Name            ANDERSON, LAVARDIS  
Address        1601-1 N MAIN ST #3159  
City-State-Zip: JACKSONVILLE FL 32206

Title            AMBR  
Name            GAYNOR, JASZMINE  
Address        1601-1 N MAIN ST #3159  
City-State-Zip: JACKSONVILLE FL 32206

*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:** LAVARDIS ANDERSON

MR

04/25/2022

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

\_\_\_\_\_  
Date